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GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

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PASSIM

AS 1948 crept in, rather unobtrusively, almost a little apologetic, one was tempted to mutter into one's glass, "Good Luck." In days of yore our fathers charging their beakers to the brim, uplifted them high as the chandelier, to a toast of "The New Year."

But our fathers sailed in small boats. They were individuals, planning and setting their own courses, and although their safety may have been less, their faith was greater, both in their future and in themselves. They were confident men, each master of his own ship, the success of his year's voyage dependent on his own efforts. Their craft was their family, hewn and fashioned from English oak, and seaworthy. It could stand up to the knock of rough weather. True, if it failed it sank, but it took a rare ill wind to capsize it. If the sun shone in a fair breeze, they thanked God and sailed on. If it blew roughly, then they watched for the rocks and fought with the tiller. Their fate depended on their skill and their endurance, and they knew it.

No game was ever worth a rap
For a rational man to play,
Into which no accident, no mishap
Could possibly find its way.

No wonder they drank to "The New Year." Theirs were great expectations, and they were men who asked no quarter from life. They had been brought up to expect a thrashing for their sins, and for the success of their endeavours—reward, not only in their banks but in their consciences. They did not feel hard done-by if they were forced to stay awake the night and see their vessel through the narrows. If *they* didn't, nobody would. If they found a fellow mariner in distress, they altered their course, sailed nearby and hauled him aboard, shared out their commons and said nothing of it. But there wasn't a lot of towing done and they didn't travel in convoy for protection. Life was a man's game, and England a nation of men.

But the days of small boats are passing, and we find ourselves all packed on board one great Leviathan. Even supposing he could get his hand to the rudder-bar, one man's weight could hardly alter the course by one degree. There is a crowd at the bow watching the horizon and searching for reefs. There is a mob aft, fighting for the tiller, and amidships there are countless councils, deaf to the men forward and shouting to the men astern. On port side they pronounce it—"Splendid, see how safely and with what little effort we all go forward together," while from starboard they answer, "It may be splendid but its not life, and we don't like the course," and they talk of taking to the boats and, for better or for worse, rowing for themselves. If it wasn't for Leviathan's wash, they would. They know where they want to go and they know the hazards, but they like the wind and the rain as their fathers did and they would rather have their own hand on their own small tiller for twenty-four hours out of twenty-four than scrub for eight and sleep the rest.

Its 1948. Go, be a man: Drink to "The New Year."

THE Surgical Department is acquiring a reprint library and collections of reprints will be most gratefully received by the Director of Surgery, for catalogueing and filing.

Guy's Diary

JANUARY 1948

ACADEMIC

3rd. Surgical Department. Current Exhibition in Gordon Museum. "Surgery of Obstructive Jaundice."
5th. 15.30. Demonstration of Skin Diseases. Dr. Forman. Preclinical Classroom.
6th. 12.00. Department of Surgery. Further Demonstration of Operative Procedures. Th. III.
8th. 13.00. Clinical Lecture. Mr. V. E. Lloyd. "The Early Stages of Syphilis."
9th. 13.00. Clinical Lecture. Dr. E. R. Boland. "The Eradication of Tuberculosis."
Department of Medicine. Combined Round
10th. 10.00. Department of Surgery. Round conducted by Sir Gordon Gordon-Taylor.
12th. 13.00. Clinical Lecture. Mr. J. B. Blaikley. "Difficulties Encountered in the Third Stage of Labour."
15.30. Demonstration of Skin Diseases. Dr. Forman. Preclinical Classroom.
13th. 13.00. Clinical Lecture. Mr. E. G. Slesinger.
16th. Department of Medicine. Clinico-Pathological Conference.
19th. 13.00. Clinical Lecture. Mr. F. W. Law.
19th. 15.30. Demonstration of Skin Diseases. Dr. Forman. Preclinical Classroom.
20th. 13.00. Clinical Lecture. Dr. W. N. Pickles. "The Country Doctor."

SPORT and SOCIAL

3rd. Rugby XV. *v.* O.M.T's. (Home).
Hockey XI. *v.* Holloway Sanatorium (Away).
5th. Hockey XI. *v. Birmingham University* (Home).
7th. Rugby XV. *v.* R.A.F. (Home).
Association XI. *v.* Trent Park Training College (Home).
10th. Rugby XV. *v.* Wasps (Home).
Hockey XI. *v.* South Saxons (Away).
Association XI. *v.* Corinthian Casuals (Home).
14th. Association XI. *v.* Hendon Police College (Away).
15th. 17.00. Physical Society Prize Essay. "The Influence of the Sydenham Tradition on Modern Medicine."
16th. 19.15. Hockey Club Dinner.
17th. England *v.* Wales. Twickenham.
Rugby XV. *v.* Old Alleynians (Dulwich).
Hockey XI. *v.* Hendon (Away).

Vagaries in the Implantation Site of the Zygote

A Clinical Lecture delivered by J. M. MUNRO KERR, M.D., LL.D., F.R.C.O.G., late Regius Professor of Midwifery, Glasgow University.

GENTLEMEN,—My difficulty has been in choosing a subject for this lecture, but it occurred to me that the vagaries of the adult which one reads much about in novels and sees portrayed on the screen and in the theatre, suggest that the vagaries of the zygote in its early days might be of interest to you.

In this very simple diagram of the reproductive track from the infundibulum of the Fallopian tube to the vulva I have plotted out under the letter N the normal sites of implantation and imbedding of the zygote; and I have numbered the irregular sites more or less in the order of their frequency.

In few of these irregular implantations does the zygote experience favourable conditions for its development—the bed is unsuitable, the blood supply generally is less satisfactory, and the epithelial cells on which it comes to rest possess an indifferent glycogen content for its nourishment. Nevertheless, there are many cases of isthmal implantation (placenta prævia) tubal, ovarian, or even peritoneal implantation in which pregnancy has run its full course. The rule, however, is abortion and irregular and faulty placental formation.

The causes of abnormal implantation of the zygote are still undetermined. As you are aware it is now supposed that spermatozoa, once they have been ejected into the vagina, have a comparatively short life with their fertilizing power limited to some 50 hours. Furthermore, the susceptibility of the ovum to fertilization, once it has been shed from the Graafian follicle, is supposed to be only a few hours. Probably abnormal implantations are effected by: (*a*) Site where fertilization occurs, (*b*) condition of the ovolemma, (*c*) rate of development of zygote between time of fertilization and imbedding (five days normally), (*d*) local variations in the reproductive tract in respect to suscepti-

bility for reception of zygote, (*e*) kinks and obstructions in the reproduction tract, more particularly in the tube. But it is not my intention to pursue further this aspect of the subject, interesting as it is. Rather would I consider at the moment the clinical features associated with these normal and abnormal implantations.

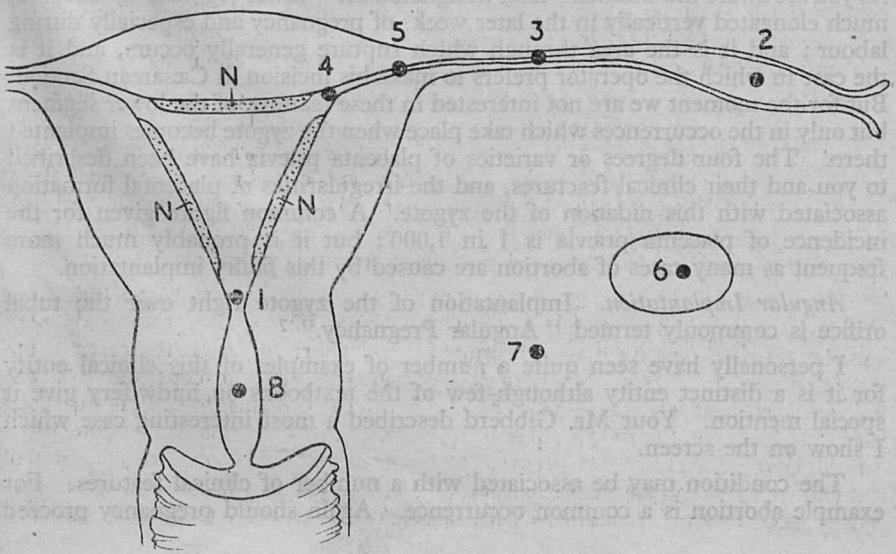
Normal Implantations. A word or two is called for regarding the normal nidation, sites for there are one or two points of interest in connection with them.

The order of frequency of placental implantation is posterolateral, antero-lateral, postero-fundal, antero-fundal, and fundal. This can easily be verified at classical Cæsarean sections, but less exactly if the " lower segment " operation is employed.

Another point is that to a considerable extent (but not absolutely) the site of the placenta has an influence on the position of the child for the ventral aspect of the fœtus tends to be directed towards the placenta—the relationship that is universal in the early weeks of pregnancy when the umbilical cord is still short. It cannot be said that dorso-posterior positions of the child are caused by an anterior implantation of the placenta—as some writers have claimed—but I would go the length of saying that an anterior implantation of the placenta favours a dorso-posterior position of the child in both cranial and breech presentations.

We have no knowledge that these variants in normal placental implantation have any influence on uterine action, intra-uterine well-being of the fœtus, or on the still-birth rate. But talking of still-births one is justified in surmising—although definite clinical proof has not been adjuced—that External Version for breech presentation is more dangerous for the child if the placenta is located on the anterior or antero-lateral wall or on the fundus. Furthermore, there is definite evidence that the accident of " spontaneous inversion " of the uterus is almost without exception associated with a fundal implantation of the placenta.

Let us turn now to the abnormal variants in implantation and the clinical features peculiar to each, and we will consider them from vagina upwards.



Implantation in Vaginal Vault. As far as I am aware there is no authentic case of vaginal implantation, although in the back of my mind is the recollection of a case which suggested such an occurrence. And I see no reason why it should not occur if in the vaginal vault there happens to be any endometrial tissue, as on rare occasions has been observed when an *endometrioma* in the Pouch of Douglas has penetrated into the posterior fornix of the vagina.

Implantation in Cervix. This is an extremely rare occurrence. I think I once encountered a case—one in which I had great difficulty in enucleating an ovum from the cervical canal and had to pack the canal with gauze to stem the hæmorrhage. At the time I mistook the condition for an abortion in which the ovum had been retained in the cervical canal—a complication now and again encountered. Mr. Malcolm Donaldson, of St. Bartholomew's Hospital, had a case recently and he has informed me that the specimen—hysterectomy had to be performed because of severe hæmorrhage in removing the gravid sac—is in the museum of the Royal College of Obstetricians and Gynæcologists.

Two years ago, W. E. Studdiford (Amer. J. Obst. and Gyn., 1945, 49, pp. 169–185), of the Department of Obstetrics and Gynæcology, Columbia University, New York, discussed the subject very fully and described two cases admitted to his department. In addition he reviewed a number of other cases recorded by different writers. In some of these cases the cervical canal was extended by reason of a cervical fibroid; but in most instances there was no obvious reason for this most unusual implantation of the zygote. The course of the pregnancy varied greatly. Early abortion was the rule, but in a few instances pregnancy advanced into the latter half of gestation. In some instances, too, rupture of the cervix towards the paracervical tissue or vaginal vault occurred. In all cases hæmorrhage was very severe in removing the gravid sac.

Isthmus implantation. This condition is quite common and is clinically designated "placenta prævia." As you have been told this particular area of the uterus has its muscular tissue arranged in a special manner. Furthermore its epithelium more nearly resembles that of the body than of the cervix. As you are aware the isthmus—later designated the "lower segment"—becomes much elongated vertically in the later weeks of pregnancy and especially during labour; and it is the area through which rupture generally occurs, and it is the case in which the operator prefers to make his incision in Cæsarean Section. But for the moment we are not interested in these features of the lower segment but only in the occurrences which take place when the zygote becomes implanted there. The four degrees or varieties of placenta prævia have been described to you and their clinical feactures, and the irregularities of placental formation associated with this nidation of the zygote. A common figure given for the incidence of placenta prævia is 1 in 1,000; but it is probably much more frequent as many cases of abortion are caused by this faulty implantation.

Angular Implantation. Implantation of the zygote right over the tubal orifice is commonly termed "Angular Pregnancy."

I personally have seen quite a number of examples of this clinical entity for it is a distinct entity although few of the textbooks on midwifery give it special mention. Your Mr. Gibberd described a most interesting case which I show on the screen.

The condition may be associated with a number of clinical features. For example abortion is a common occurrence. Again should pregnancy proceed

there is often abdominal pain and tenderness and a local bulging of the uterine angle affected (in my experience more commonly the right angle). Lastly, there may occur retention of the placenta in this thinned-out ballooned area as happened in Gibbard's case.

Obviously the condition may closely resemble (*a*) a pregnancy in the intersticial portion of the tube, (*b*) a intra-uterine pregnancy associated with a fibromyoma located on one side of the fundus of the uterus.

I am inclined to think that the reason for the abdominal pain which is sometimes very severe and the tendency to abortion is that round the two angles of the uterus are bundles of encircling muscle fibres, which are specially put on the stretch by the growing gestation sac.

Intersticial Portion of Tube. Implantation of the zygote in this particular section of the tube has for long been recognised. The older writers referred to it as *Graviditas in Substantia Uteri.* The ovum in its growth splits up the uterine wall and forms a swelling bulging laterally and vertically from the uterus which becomes as it were an outgrowth of the uterine body. Personally I have encountered only one genuine case of this variety of ectopic pregnancy, an illustration of it is here shown on the screen. I imagine it must be very rare for I have seen many hundred cases of extrauterine pregnancy as for years I had forty gynæcological beds in my charge.

The most common termination is rupture of the sac in the 10th–16th week of pregnancy, although this accident may occur earlier and at times later in pregnancy. Naturally the intra-abdominal hæmorrhage is profuse because the ovarian vessels enter the uterus at the tubal angles and are much enlarged as a result of pregnancy.

Generally the condition has to be dealt with by hysterectomy as in my case, but there have been occasions on which the operator has been able to exercise the gravid sac and resect or patch up the wound in the uterus.

Implantation in the Isthmus of the Tube. This too is a rare implantation; and like the others it has its own clinical features. As a rule rupture occurs very early, sometimes in third or fourth week of pregnancy. Furthermore, thare may be no warning signals of this occurrence as we shall see is the rule with implantation in the ampulla of the tube. This implantation furnishes us with the dramatic examples of " fulminating " rupture of the tube. Many years ago I obtained such a specimen of isthmal tubal pregnancy from a patient who suddenly collapsed in her bedroom—her maid heard her fall and rushed in to find her mistress lying unconscious on the floor. The ruptured tubal sac at operation was found quite close up to the uterus. Later, when a history was obtained from the patient, it was learned that she had not missed a menstrual period but was expecting her period when the rupture took place.

Implantation in the Ampulla of the Tube. Next to implantation in the isthmus of the uterus (placenta prævia) this is the most common irregular nidation of the zygote. This condition is one of the most interesting complications of pregnancy but is far too large a subject for me even to attempt to review. You have had described to you its clinical features and its terminations —tubal abortion, tubal rupture and very occasionally the continuance of the pregnancy to term. Indeed there are not a few cases in which a live child has been secured by a timely abdominal section.

But, if it is not possible to discuss these most interesting developments, I do wish to impress upon you the fact that tubal abortion or rupture rarely

occurs as a bolt out of the blue. There are generally warning signals (premonitory symptoms)—such as spasms of abdominal pain followed very often by slight vaginal hæmorrhages—very similar to the clinical features characteristic of a " threatened " abortion. These attacks of abdominal pain may occur and subside several times before the climax of rupture or tubal abortion, when collapse of the patient from internal hæmorrhage and shock takes place.

You must train yourselves by careful observation to recognise disease early when it is in its initial stage—anyone can spot an appendicitis after the appendix has ruptured, or an intra-uterine pregnancy after the tube has ruptured; but you must learn to pick up these and other conditions before acute and critical occurrences take place—nothing in my experience gives one greater satisfaction than to recognise disease early. When I was an undergraduate like you we had to trust almost entirely to the clinical history furnished by the patient, and to inspection, palpatation, and auscultation in making a diagnosis. Radiography was unknown and the laboratory tests available were of a very simple nature. Yet by carefully building up our clinical experiences and making full use of the simple means at our disposal we became very competent diagnosticians.

Ovarian Implantation. I have operated on personally three cases of Ovarian pregnancy. An illustration of the first I show on the screen. She had attacks of abdominal uneasiness but no vaginal hæmorrhage for she had an intra-uterine pregnancy of the same, or approximately the same, date. I diagnosed the condition as a tubal pregnancy because of the exquisite tenderness of the swelling at the side and behind the uterus. The uterine pregnancy was undisturbed by the removal of the ovarian pregnancy. To-day were I operating I would probably resect the ovary, not remove it entirely as I did.

Primary Peritoneal Pregnancy. I am almost certain that I once encountered a primary abdominal pregnancy. I removed the little sac with a portion of omentum on which it was implanted and handed the priceless specimen to a nurse with instruction to preserve it most carefully. She lost it somehow. I have never quite got over this disaster nor I imagine has the nurse from the expletives hurled at her in a continuous stream for many minutes.

And so you see when all these examples of abnormal implantations of the zygote are summed up there are a considerable number of cases of pregnancy in which Nature is at fault in its choice of nidation for the zygote.

Persistent Truncus Arteriosus

A RARE CONGENITAL CARDIAC MALFORMATION.

By K. M. CITRON.

THE notable advances which have been made recently in the surgical therapy of congenital heart disease has occasioned further interest in the morphology and symptomatology of various forms of cardiac malformation. It may, therefore, be of some value to record this case of persistence of the Truncus Arteriosus (Common Arterial Trunk), together with a brief account of other examples of this rare anomaly from the literature.

Case History.

Patricia P., aged 4½ months, was admitted to the Evelina Hospital with a complaint of cough, vomiting and failure to gain weight. There was nothing relevant in the family history, the pregnancy and delivery had been normal. There had been no previous illnesses.

History of the present condition. She had a cough during the previous six weeks, and had vomited large amounts after her feeds during the previous four weeks. No permanent or transient cyanosis had been noticed.

Condition on Examination.

The infant was small, pale, dyspnœic and slightly cyanosed. The temperature was 103°. There was no clubbing. The pulse was rapid and the heart sounds were faint but normal. No murmurs were heard. In the lungs, the air entry was poor and harsh moist sounds were heard in all areas, loudest over the right upper lobe.

The Chest X-Ray showed great increase in the transverse diameter of the heart, and a prominent bulge in the upper mediastinum on the right side. There was mottling in the upper right lung field.

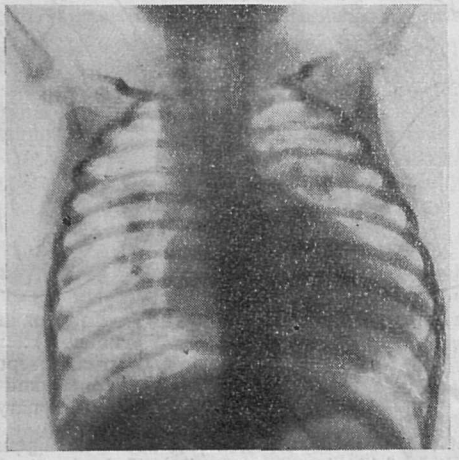


Fig. 1.—Chest X-Ray.

Progress.

Sulphamezathine and Penicillin were administered and the infant was put in an oxygen tent. Despite treatment, cyanosis and respiratory distress became marked and death occurred 72 hours after admission.

Summary of Autopsy Findings.

The lungs showed intense congestion, scattered areas of collapse and areas of capillary bronchitis. The pericardium contained a moderate excess of clear fluid. The heart was considerably enlarged and most of the anterior aspect was formed by the right ventricle.

The most striking feature of the heart was a persistent Truncus Arteriosus (Common Arterial Trunk) arising from the superior aspect of the right ventricle; 2 cm. above the origin of the vessel it gave rise to two pulmonary vessels which originated close together from its left postero-lateral aspect. The aortic part of the trunk above this point gave rise to the innominate, left common carotid and left subclavian arteries in the normal manner. No evidence of anomalous bronchial arteries or other collateral circulation to the lungs was found. No trace of the ductus arteriosus was evident. The right atrium was enlarged. The Foramen Ovale was patent.

Both the right and the left ventricles showed hypertrophy, which was most marked in the wall of the left ventricle. The upper part of the interventricular septum showed a large defect 15 mm. across, and no trace of the membranous part of the interventricular septum was found.

The opening of the Truncus Arteriosus was placed immediately above the interventricular septal defect so that the vessel was overriding the septum and opened out of both the left and the right ventricles. The orifice of the Truncus Arteriosus was guarded by three thickened semilunar valves, but in addition there was a small commisure dividing off what appeared to be a rudimentary fourth valve cusp. Further investigations into the morphology of these valve cusps are to be undertaken.

It is interesting to note that these are the remnants of the four Distal Bulbar Swellings which remain apparent in this heart on account of the failure of development of the Spiral Aorto-Pulmonary Septum which normally divides them into six swellings which form three pulmonary and three aortic semilunar valves.

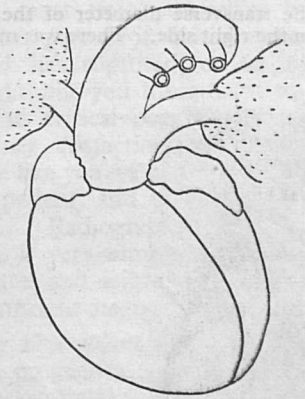


FIG. 2.—Anterior Aspect of the Heart.

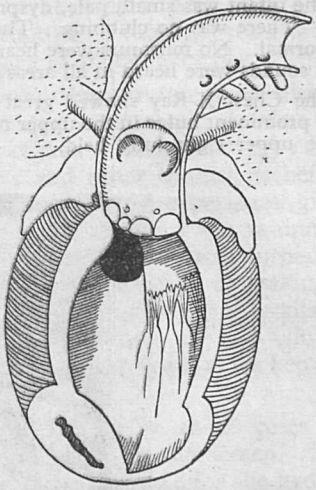


FIG. 3.—Interior of the Left Ventricle and Truncus Arteriosus showing the interventricular septal defect, the valves of the Truncus and the openings of the Pulmonary Arteries.

In the interior of the Truncus, situated just above the opening of the pulmonary arteries, was a crescentic fold, the representative of the incomplete Spiral Aorto-Pulmonary Septum.

The coronary arteries arose from the Truncus. The other heart valves were normal. No evidence of atretic pulmonary or aortic vessels was found.

Commentary.

This specimen of Persistent Truncus Arteriosus represents an arrest in the development of the heart at an early stage when the division of the aortic from the pulmonary trunk by the Spiral Aorto-Pulmonary septum in the fifth week and the growth of the interatrial and interventricular septa are taking place.

The source of blood supply to the lungs in this condition shows great variability (6). Sometimes, as in this case, it is from the pulmonary arteries which are derived from the sixth aortic arch (3). Representatives of this aortic arch may be absent and the lungs are then supplied through anomalous bronchial arteries (5, 9) or there may be a combination of both conditions.

Oxygenated blood from the lungs passes from the left ventricle to mix with the deoxygenated blood from the right ventricle at the interventricular septal defect. Mixed blood then flows up the Common Truncus Arteriosus where part goes through the pulmonary arteries and part through the aorta. Cyanosis is therefore to be expected.

Persistent Truncus Arteriosus is rare. Maud Abbott in her record of 1,000 cases of congenital heart disease, reports 34 cases in which this malformation was either the primary lesion or complicated other defects.

Routine Autopsys at Guy's Hospital from 1926–1946 showed 72 congenital cardiac defects, including 4 cases of Persistent Truncus Arteriosus in infants. Many of these defects were asymptomatic so that the incidence of the anomaly among cyanotic infants may in fact be appreciable.

The outlook is poor, most cases dying at birth or soon after. In 21 cases reported by Maud Abbott, the average survival was four years. One case surviving 36 years has been recorded (4).

The signs and symptoms are variable (2). The condition falls into the cyanotic group of congenital heart diseases. Cyanosis is usually present from birth or soon after. Physical disability is usually severe. In cases of longer duration, clubbing, erythrocytosis and delay of development may occur. In one case pressure of the enlarged heart on the œsaphagus produced dysphagia (7).

Auscultatory findings are variable. Systolic diastolic or double murmurs or absence of murmurs, as in this case are reported. Thrills may occur (1).

X-rays show cardiac enlargement. The bulge of the Truncus Arteriosus to the right was seen in one case (1).

Lung hilar shadows may be diminished (8) or increased according to the nature of the pulmonary blood supply. Diminished hilar shadows together with suggestive symptomatology has caused confusion with Pulmonary stenosis.

Summary.

A case of persistent Truncus Arteriosus is described, and an account of the Autopsy findings is given.

The incidence, prognosis and symptomatology of this condition is briefly reviewed.

The absence of any characteristic physical sign of persistent Truncus Arteriosus makes the antemortem diagnosis difficult. However, it is a rarity to be borne in mind in the differential diagnosis of cyanotic cardiac malformations in young children.

I am indebted to Dr. P. R. Evans for permission to publish details of this case, and to Dr. S. J. de Navesquez and Dr. P. Polani for access to pathology reports.

REFERENCES.

(1) Abbott, E. M. (1936). Atlas of Congenital Heart Disease. New York.
(2) Abbott, E. M. (1908). In Osler and McCrae's Modern Medicine, London, **4**, 363.
(3) Bearer, D. C. (1933). *Arch. Path.*, **15**, 51.
(4) Carr, F. B. Goodale, R. H. and Rockwell, A. E. P. (1935). *Arch. Path.*, **19**, 833.
(5) Finley, K. H. (1930). *Amer. Jrn. Path.*, **6**, 317.
(6) Humphreys, E. M. (1932). *Arch. Path.*, **14**, 671.
(7) Miller M. K., and Lyon, M. W. (1931). *Amer. Heart Jrn.*, **vii**, 606.
(8) White, P. (1946). Heart Disease, New York, 363.
(9) Zimmerman (1927). *Amer. Jrn. Path.*, **3**, 617.

Reviews

Handbook of Diagnosis and Treatment of Venereal Diseases. By A. E. W. McLachlan, 3rd Edn. Livingstone. *Price* 15*s*.

THE third edition of McLachlan's Handbook on Venereal Diseases, which now comprises 375 pages, has undergone little in the way of expansion or addition in the text or illustrations. The high standard of the illustrations achieved in previous editions is effectively maintained and covers a judicious range of photographic studies—20 in colour—of the more common venereal conditions.

The text on the treatment of syphilis has the advantage of not being relegated to a separate chapter but follows immediately on the descriptive account of the various stages, an arrangement which will be appreciated by the student whilst the clinical descriptions are fresh in his mind. Under this arrangement, however, guidance on the management and treatment of the " latent " syphilitic is hard to find.

Progress in the use of penicillin for syphilis and the accumulation of knowledge of the results of treatment of early syphilis has led to some expansion of the text on treatment with penicillin in which considerably more penicillin is advocated than in previous editions. In addition, treatment with arsenicals and bismuth is recommended as it now is by most authorities.

Arsenical dermatitis and other arsenical toxic effects are fully dealt with in text and illustration ; but in the section on their treatment there is no reference to the use of BAL (di-mercapto-propanol) which has recently superseded all other remedies.

The Wassermann reaction and its clinical interpretation receive good measure ; but the use of the so-called " provocative " reaction is still advocated although most authorities have lost faith in this procedure.

Although in this small book the text is necessarily compressed the instruction value is of high degree. In particular, the chapters on congential syphilis, on vulvo-vaginitis and on gonococcal infections of the eye are noteworthy. A useful short chapter on the common conditions simulating venereal diseases is also included.

"—one of the essentials of a successful operation being—
a live patient."

The inclusion in future editions of a section dealing with the public health aspects of venereal disease would no doubt be welcome to the post-war student who in many instances is an ex-serviceman with some interest in hygiene.

The appearance of three editions of this handbook since 1944 is an adequate testimony of its popularity and, doubtless, it will retain its position as the most useful small book on venereal diseases for the student.

V. E. L.

An Introduction to Dermatology. Formerly by NORMAN WALKER, and G. H. PERCIVAL; 11th Edn. by Professor G. H. PERCIVAL. Livingstone. *Price* 35*s.*

"Read not to contradict and confute;
Nor to believe and take for granted;
Nor to find talk and discourse; but
To weigh and consider."—*Francis Bacon.*

SIR NORMAN WALKER'S preface to the first edition has been retained. In this it is stressed that the book is not a "complete system" and, Professor Percival who has re-written this eleventh edition, has shown singular sagacity in preserving these modest aspirations.

It is not timely for a comprehensive treatise as the old order is changing, and this is a period of flux. The citadel of dermatology, which has borne proudly its coat of arms—a pot of ointment and an X-ray applicator—since the end of the last century, has been laid to seige. "Peace brooded o'er the hushed domain" far too long.

In this country the subject has acquired a new confidence and dignity of assertion. This is an epoch of intellectual excitement and perceptible revolution is upon us. Dermatology, based on surer principles, like neurology and chemotherapy, claims an integral place within the sanctuary of general medicine.

The story of viruses is unfolding. New concepts—Androgenic stimulation of the pilo-sebaceous follicles; the treatment of Lupus Vulgaris with Vit D; cutaneous capillary toxicosis; focal and general metabolic expressions—are gripping the imagination and make plain that the skin is but a mirror; the externists must "boast not through their realms of bliss."

This book is presented to us while the ground mists are rising, and it may be fitting that an introductory work does not throw the balance with undue emphasis. Even so, it is with remission that one reads :—

"Since in the vast majority of skin diseases the *cause* (my italics) is located in or on the skin itself, the external application of some suitable drug is clearly a rational method of treatment, and even where the cause lies deeper, external applications are often of value in moderating the symptoms of the disease."

Albeit, the author shows a lively awareness of the changing mood.

"Acne is a condition which arises as a direct result of a physiological adjustment of the skin to the adult state." Of Pityriasis Rosea,

"The condition is generally regarded as being an infection and a filterable virus has been suggested as the causative agent."

The earnest bacteriologist will, it is certain, read with indulgent forbearance,

"The causal agent of herpes zoster is unknown, but is presumably a virus."

Goodpasture and Anderson, in 1944, infected human tissues in ovo with the virus of herpes zoster—proving they had done so by the demonstration of characteristic "inclusion bodies" in the nuclei of the infected cells. This leaves little room for nebulous conjection.

The clinical descriptions are of the highest order. Their purity and intensity of application, reflect a dominant clinician and teacher. Detail is earnestly served by singular visual and tactile acuity and the forceps are used with shrewd revelation.

"Continued gentle scraping reveals the fact that the scales are arranged in layers parallel to the surface, and as the scraping is continued, layer after layer of scales is removed, until, when the last layer has been flicked off, tiny bleeding points appear, indicating that the epidermis has been penetrated in places, and the tips of the elongated dermal papillæ exposed."

Photography, models and histiopathology are assembled with wisdom and direction, all destined to make vivid the text.

Treatment is complimentary to the thesis and local applications have their full play. Warnings and imaginative ocular devices serve but to stress the heroism of resorting to 20 per cent. Chrysarobin for the psoriatic patient in the aptly designated "vigorous external treatment."

The advent of Vitamin D2 for the treatment of Lupus Vulgaris introduced by Charpy, Dowling and Prosser Thomas—described by Sulzberger as "the most outstanding contributions to dermatology in many years," deserves greater clarity and stress—both its high merits and complications. Intratubular calcification, renal insufficiency constitute a dire heritage for a healed skin and the reader would add greater lustre to his esteem seeking albuminuria than reflecting on the advantages of superficial X'radiation in the treatment of Papulo-necrotic tuberculide and Sarcoidosis.

Here then is a book forthright in its endeavour and confident in its clinical expression demanding full range of the visual and tactile propensities. A.Y.

Correspondence

"Working Party Report"

SIR,—May I express my appreciation of Dr. Vertue's masterly survey of the report of The Working Party in "The Recruitment and Training of Nurses," published in your last issue.

He has attacked the ideas behind the report, the atmosphere around it rather than the facts within it. Ridicule is a subtle and deadly weapon and Dr. Vertue has used it with rare skill and courage. Terms like "Job analysis," "Training within industry," and "Personnel management" are being bandied about within our profession all too freely at the present time.

They are foreign to the ideals and true spirit of nursing.

Unfortunately all hospitals and nursing schools are not like Guy's but in our zeal for reform, we must be careful not to throw away the baby with the bath water.

Yours, etc.,

FLORENCE TAYLOR,
Sister Tudor.

Guy's Hospital, S.E.1.

Sport

RUGBY FOOTBALL

GUY'S *v.* MOSELEY

at Moseley. Lost 6—9.
20th December 1947.

At the end of the first half of the season matches against Coventry, Swansea and Moseley have all been lost, but by margins so small that with a little luck the results in all three might have been reversed.

Saturday's match must count amongst the unluckiest. With 30 seconds to go Guy's with thirteen men on the field were holding Moseley to a 6—6 draw, only to have their hopes dashed by a last minute try involving a very unfortunate decision.

Moseley were first to score with a try far out and unconverted.

Billingham replied for Guy's with a good penalty goal. Half-time came with no further score.

Shortly after the interval Guy's lost Devilliers who broke his clavicle for the second time this season, and Cottier with a badly torn muscle. Despite these serious losses and with only six men in the pack they fought gallantly and very nearly gained a victory with some startling wing three-quarter attacks. Moseley scored a penalty goal and Billingham a pleasing try which he only just failed to convert from far out.

From then until the end they defended bravely only to find Moseley in an attacking position one minute from time. From a scrum the ball went out to the wing who fell over the line taking the corner flag with him. The referee awarded a try and the kick having failed no side was blown.

It was a creditable performance none the less—especially by Brunow who hovers between full-back, as to-day, and fly-half and to Billingham who is showing great promise as Brunow's cup deputy at fly-half.

GUY'S *v.* OLD MILLHILLIANS

at H.O.P. Won 7—3.
27th December, 1947.

Guy's with many of their stars revelling under the Swiss sun turned out fifteen pale mortals to meet probably the best of the Old Boys' sides. The game was played however with great fire in a mud bath which rather than spoil seemed to add to the joy, especially of the forwards.

It began with one of Guy's most earnest supporters clad in a modern Santa Claus outfit, deputising for the referee, awarding two penalties to the O.M's, neither of which were converted. If this was to be an omen for the remainder of the game it was perhaps fortunate that the referee arrived, "a'wearing of the green" to sustained applause from the stand where Guy's men spontaneously expressed their relief.

After this the game settled down to a forward mud battle until at a third attempt the Millhillians scored a penalty goal. Guy's replied five minutes later with a clever try, following a dribble by Hyber.

The second half found the Guy's pack recovering from the Xmas fare and pinning their opponents to their own 25. Despite this they could not find a weak spot in the O.M's. hard tackling defence. With the evening approaching, the mud getting heavier and Xmas beginning to tell on even the stalwarts, no further score came until Tom Lewis so far forgot himself as to summon energy enough to land a thirty yard drop goal from near the touch line. A grand goal and one most welcome to the flagging members of the Guy's team.

Let us hope that by next week Xmas will be

forgotten and, reinforced by our bronzed absentees we can settle down to Rugby, with features a little less jaundiced and legs more willing to answer the pack leader's call.

J. H. Keeling has been selected to hook for England against The Wallabies at Twickenham on January 3rd.

HOCKEY

GUY'S *v.* METROPOLITAN POLICE

at H.O.P. Lost 4—0.
13th December, 1947.

In this match we met the strongest opposition this season and had our second defeat. In midfield the play was even but in the circle we fiddled while the Police scored goals. The Police forward line was very quick on the ball, and their two wings were far too quick for our defence, although in the centre E. Murray at centre-half was more than a match for them. The game was played in a very good spirit, which continued well into the evening.

Team : F. Walker, J. B. Harris, G. H. Danford, C. H. Opie, E. A. Murray (Captain), R. A. Keable-Elliott, D. V. Duckworth, D. G. Blake, S. S. R. Earl, I. Kelsey Fry, R. Hodson.

GUY'S *v.* WEST HERTS

at H.O.P. Won 3—0.
20th December, 1947.

The Hospital soon found their old form and within thirty seconds, D. G. Blake had scored from a snappy forward movement, while West Herts still had one man in the changing room. After his arrival, they managed to keep us out of their goal until half-time. In the second half, our younger age began to tell and soon S. Earl scored after a solo run. The third goal which came from I. Kelsey Fry, went sizzling into the top left-hand corner of the net—a fine mashie shot. The team was playing together very much better. The ball was being swung from side to side and, consequently, the game was more open than previously, giving the forwards room to move. For this, C. H. Opie at left half was mainly responsible. His is perhaps the most important position on the field, and he is beginning to fill it with distinction.

Team : F. Walker, N. Carter, G. H. Danford, C. H. Opie, E. A. Murray (Captain), R. A. Keable-Elliott, D. N. Duckworth, D. P. Blake, S. S. R. Earl, I. Kelsey Fry, R. Hodson.

ASSOCIATION FOOTBALL

at H.O.P. Won 6—1.
17th December, 1947.

GUY'S *v.* CITY AND GUILDS COLLEGE

The Soccer Club, playing its last game of the term, returned to winning ways in no uncertain fashion. Guy's forwards were altogether too fast for their opponents, whilst the defence was never severely tested.

Goals came at fairly regular intervals from Sturdy (4), Lewis (1), and Leckie (1). These three inside forwards all played well, and were ably prompted by the wing halves. Credit must go to Sturdy for his goal scoring performance, whilst it was most encouraging to see Leckie recover some of his temporarily lost form. Towards the end City & Guilds scored their only goal, by defender deflecting an innocuous shot into his own net.

Team : Whitaker, Westgate, Holloway, Matthews Riches, Swift, Skaith, Leckie, Sturdy, Lewis, Tryst.

Hospital Information, etc.

NOTICES

GUY'S HOSPITAL DENTAL SCHOOL.

The undermentioned Scholarships will be tenable in the United States during the year 1948-49.

Candidates must be registered Licentiates in Dental Surgery of the Royal College of Surgeons of England or holders of a Dental degree of a British University, who have been educated at Guy's Hospital Dental School.

(1) *Northwestern University, Chicago.*

The Scholarship is tenable for the period of one academic year from 1st September, 1948. It covers cost of tuition, use of instruments, etc. Books to be bought. At the end of the period of study, a degree may be granted, but this is not guaranteed.

(2) *Loyola University, School of Dentistry, Chicago College of Dental Surgery.*

The Scholar will be permitted to attend for one year, exempt of tuition fees. The successful completion of this course of study will entitle the holder to the D.D.S. degree. The Scholar will be required to report to the Dean of the Loyala University on or before 1st July, 1948, for instructions.

Further details may be obtained at the Medical School Office.

Applications for the Scholarships should be lodged with the Dean in the Medical School Office on or before Monday, 15th March, 1948.

GUY'S HOSPITAL DENTAL SCHOOL.

The undermentioned Postgraduate courses, each of two weeks' duration, will be held in 1948 :—

Dental Prosthetics—commencing 9th February.

Orthodontics and Children's Dentistry—commencing 23rd February.

Advanced Operative Technique—commencing 8th March.

The fee is 20 guineas for each course.

A course in Dental Radiology will also be held ; one session will be devoted to Radiography and the fee will be 4 guineas. The dates are as follows : 24th March at 2.30 p.m. ; 3rd, 10th and 17th April at 10.30 a.m.

GUY'S HOSPITAL.—ASSISTANT OBSTETRIC SURGEON.

Applications are invited from Service candidates and others for the appointment of Assistant Obstetric Surgeon to Guy's Hospital. Copies of Standing Orders for the appointment can be obtained from the Superintendent, to whom letters of application (20 copies), together with the names of three referees, should be submitted not later than 31st January, 1948, and from whom any further information desired can be obtained.

GUY'S HOSPITAL.—ASSISTANT PHYSICIAN.

Applications are invited from Service candidates and others for the appointment of Assistant Physician to Guy's Hospital. Copies of Standing Orders for the appointment can be obtained from the Superintendent, to whom letters of application (20 copies), together with the names of three referees, should be submitted not later than 31st January, 1948, and from whom any further information desired can be obtained.

GORDON MUSEUM

A Demonstration on the Anatomy and Pathology of Hernia will be on view in the Gordon Museum during the month of January 1948.

PASS LIST

CONJOINT BOARD.

December, 1947.

M.R.C.S., L.R.C.P.

Chemistry.

A. E. Castle
G. H. Danford
J. A. P. Darvell
P. D. Daw
J. R. Flynn
J. A. Mepsted
N. Shotts

Physics.

J. A. P. Darvell
M. G. Hughes
E. T. P. Thompson
F. Quail

Elementary Biology.

D. K. Hardy
G. V. Mortimer
N. Shotts

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

1st & 2nd PROFESSIONAL EXAMINATION.

L.D.S.

December, 1947.

Dental Metallurgy.

M. E. S. Bathurst
D. R. Boswell
A. L. Cinlianotti
D. London
T. M. Smith
A. H. Whitaker

Dental Mechanics.

W. A. B. Brown
R. N. Dorrington
P. D. V. Harrett
P. R. Jones
S. Morgan
O. D. Nazroo
A. B. Price
W. M. Sheeran
G. H. Thompson
J. L. Wynne

Anatomy and Physiology.

P. W. J. Bosman
H. G. Carr
K. E. Clokey
G. V. Crine
L. Dawson-Squibb
W. F. Dobson
G. D. Gibb
P. R. Jones
W. H. Legg
N. I. Lewis
F. R. B. Mathias
P. Readings
P. J. Saville
P. A. Swift
R. L. G. Thornton
E. Tweddle
D. R. Whittington
J. L. Wynne

Special Anatomy and Physiology.

W. J. Bailey
D. G. Brett
W. A. B. Brown
D. G. Bunker
D. M. Griffiths
B. A. Hill
H. C. Hole
A. P. Leech
P. B. Morris
M. P. O. Reilly
W. R. Thomas
G. H. Thompson
H. G. S. Thompson
B. R. Venning
T. K. Walker
R. V. Warren
P. J. Wright

SOCIETY OF APOTHECARIES OF LONDON.

FINAL EXAMINATION.

December, 1947.

Medicine.

*K. Y. Khong
D. J. Sheerboom
*D. M. Strange

Midwifery.

D. J. Sheerboom.

*Have completed the examination.

UNIVERSITY OF CAMBRIDGE.

Anatomy.

December, 1947.

W. V. Agnew

FINAL M.B. EXAMINATION.

Michaelmas Term, 1947.

Part I.—Surgery, Midwifery and GynZcology.

N. Allsupp
M. D. M. Bowen
P. H. Bright
E. F. Soothill
W. F. W. Southwood
C. H. Talbot
R. G. O. Tayler
K. R. Wallace
W. R. Walsh
G. H. Warrick

Part II.—Principles and Practice of Physic, Pathology and Pharmacology.

M. D. M. Bowen
P. H. Bright
J. H. Inskip
F. R. Lambert
W. Lewis
F. S. Mellows
D. J. Morton
J. D. Scott

UNIVERSITY OF OXFORD.

B.M., B.Ch.

Michaelmas Term, 1947.

Medicine, Surgery and Midwifery.

B. W. Cole. I. Kelsey Fry. D. C. Turk.

CONJOINT BOARD.

December, 1947.

Anatomy and Physiology.

H. G. Hexter. J. M. Medlock. G. C. Saint.

Anatomy.

G. P. Billingham. D. W. L. Phillips. J. H. Ratcliffe

Physiology.

K. A. E. Spence
P. J. C. Wallis

Pharmacology.

D. L. Bisley
G. L. Blewett
D. L. Blundstone
J. G. Brice
R. M. Brown
B. G. D. Christie
I. D. Davies
F. G. Ellis
I. E. Evans
J. H. Evans
J. Fine
R. Handy
C. A. Higgins
T. E. Jeffreys
A. J. Karlish
D. M. Lewis
P. G. W. A. Lommerse
D. G. May
D. S. Noble
J. A. Payne
A. H. Phillips
D. Plant
A. E. Richardson
P. Rouchetti
P. A. Shave
W. N. Whamond
D. L. Whitaker
J. L. Williams

UNIVERSITY OF CAMBRIDGE.

The undermentioned Guy's men have been appointed Examiners in the subjects mentioned.

Qualifying Examination in Anatomy and Physiology 1948.

J. Whillis, M.D., M.S. (Durham).

Final M.B. Examination. Part I.—1948, *Surgery.*

L. R. Broster, D.M., M.Ch. (Oxford).
H. J. B. Atkins, M.Ch. (Oxford).

Final M.B. Examination. Part II.—1948, *Medicine*

Dr. Hampson.

M. Chir. Examination, 1948.

Sir W. H. Ogilvie, M.Ch. (Oxford).

UNIVERSITY OF LONDON.

Diploma in Medical Radiology.

December, 1947.

D. E. M. Brown.

PAPERS BY GUY'S MEN

Parfitt, C. J., and Another. Experimental welder design. *Dental Rec.*, 1947, TP, 250.

Parry, L. A. The urgent need for reforms in hospitals. *Lancet*, 1947, i, 881.

Swift, P. N., and Others. Treatment of tuberculosis with streptomycin and sulphetone. *Lancet*, 1947, ii, 897.

Wright, G. P. Addendum on histology of typical lesions after streptomycin. *Ibid.*, 903.

CHANGES OF ADDRESS

P. Maxwell Stephens, L.D.S., R.C.S., 16, College Road, Eastbourne. (Tel. 980.)

BIRTHS

BREAKSPEAR.—On December 4th, 1947, at Coventry and Warwickshire Hospital, to Betty (née Fisher), wife of E. K. Breakspear—a son.

MARRIAGES

OSMOND—HUMPHRY.—On November 12th. 1947, at Milford, Surrey, Humphry F. Osmond, M.R.C.S., L.R.C.P., to Amy Edith Mackenzie.

DEATHS

WINKWORTH.—On October 23rd, 1947, in Seychelles Hospital, Harold Charles Winkworth, Colonel R.A.M.C.

EDS. {H.A.R. R.A.K-E.

GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

PUBLISHED FORTNIGHTLY

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PASSIM

DURING the past twelve months much has been written about the new Guy's which is to replace the out-dated and bomb-scarred hospital which now stands. Plans have been drawn and re-drawn, and periodically bulletins as to their progress have been issued. A Teaching Hospital, however, consists of more than a building of bricks and mortar, and if it is to turn out good doctors, it must contain more than modern wards and new appliances. The exact ingredients which make up a good doctor are manifold, and many of them defy description, but paradoxical as it may seem, an encyclopædic knowledge of medicine is by no means first on the list.

The vast majority of the students who leave this hospital are going to be general practitioners, and it is by their standard that Guy's will be judged, not by the number of specialists that grace the pages of current medical journals. In the past Guy's has been famous for the general standard of the doctors it has turned out, and the Guy's teaching, based on the clinical approach of its famous physicians and surgeons of the last century, has been a model to many more modern schools. Since the war, however, an unfortunate trend has become apparent, for whereas previously the hospital has always been run on the lines of a University, it has lately become much more of a boarding school. A doctor cannot be turned out like a mass produced machine, but must be developed, and his development depends entirely on the environment in which he is educated. The essence of a University education is that it aims at educating students, as opposed to teaching them. It offers the means whereby an adequate amount of knowledge in the required subject may be obtained, but it leaves it to the individual to chose his own way of learning the subject, whilst at the same time encouraging him to take an interest in as many branches of science and art as possible. This is by no means easy, for many people imagine, quite erroneously, that time spent on subjects other than medicine and dentistry, is so much time wasted. This false doctrine is, if anything, being fostered by the hospital to-day, instead of discredited. From the day a student arrives until the day he leaves, his every movement is carefully followed by a zealous body of officials, known colloquially as " the Office." Every lecture, and heaven knows there are enough of them, has its own list. This is diligently circulated, and one's signature is dutifully noted. The relative interest or boredom of the lecture is subordinated to the cardinal factor of being signed up as having attended. The lectures themselves, amazed no doubt at this enforced attendance, became duller and duller, and more and more reminiscent of the current " aids " series. Facts are poured out in abundance, but any subject matter that cannot conceivably be of use to candidates in an examination, is rigidly excluded. The result of this policy is becoming alarmingly clear. The average student here to-day, although well versed in academics matter, is almost incredibly ignorant about matters outside his immediate subject. His knowledge of art, and music and literature, is so slight that it is almost embarrassing to raise the topic. His conception of the Hospital is becoming narrower and narrower, so that now it means little to him as an institution, and is merely used as a convenient spot in which to work. At the present rate of progress, 1950 will see the advent of " The Guy's Polytechnique."

If this state of affairs is to be remedied, the spirit of the hospital must change. There must be far less regimentation, an inevitable aftermath of war, and far more informality. An interest in, and a sense of duty towards, the Hospital must be encouraged. The importance of a general education must be stressed, and every effort made to broaden the student's outlook. More attention must be paid to such vital matters as politeness to the patient and staff, to personal tidiness and cleanliness, and to the cultivation of a " bedside manner." These, and many other matters need attention if Guy's is to continue to turn out doctors of the standard that has made her so famous in the past.

Cervical Ribs and Other Causes of Compression of the Lower Trunk of the Brachial Plexus

By CHARLES NICHOLAS, F.R.C.S.

THE incidence of cervical ribs is about 3 in every 10,000 people (Borchardt 1922 and Henderson 1914) and 70–80 per cent. are bilateral. More than one cervical rib on the same side is very rare. Gruber (1869) classified cervical ribs in man into four types :—

(*a*) Complete ribs, which articulate anteriorly by a fully developed diarthrodial joint with the scalene tubercle of the first rib.

(*b*) Incomplete ribs, attached at the tip by an intervening fibrous band to the scalene tubercle.

(*c*) Ribs ending in a free contilaginous tip. This variety brings to mind the normal twelfth or floating rib which it undoubtedly resembles.

(*d*) Rudimentary ribs not projecting beyond the transverse process.

There are also rudimentary first ribs (Walshe, Harvey Jackson and Wyburn-Mason, 1944) which are less oblique, shorter and placed at a higher level than normal and often associated with scoliosis and other abnormalities which give rise to nervous and vascular symptoms in the hand.

The lower trunk of the brachial plexus, accompanied by the subclavian artery, leaves the thorax to reach the axilla through a narrow chink between the scalenus anticus muscle and first or cervical rib, where it may be compressed or stretched as it passes over the rib, particularly if the brachial plexus is post-fixed. The costo-scalenic triangle appears to me to be the transition point between the fixed and moving portions of the subclavian artery and accompanying nerves, which are therefore exposed to special wear and tear, much as the fixed binding of a book wears at the point of junction with the front cover which is repeatedly opened and shut. An idea of the amount of movement at this point can be gained by remembering that the thorax moves up and down some 23,000 times a day.

There is evidence based on operative findings, that the subclavian vessels in some cases can be compressed between the under surface of the clavicle and first rib even in the absence of a cervical rib or fibrous costal element (costo-clavicular syndrome). It is reasonable to suppose that the components of the brachial plexus which pass with them may be compressed in like manner. In the case of cervical rib this costo-clavicular space is narrowed and compression of the components of the brachial plexus is possible here as well as in the costo-scalenic triangle.

Clinical aspects. Symptoms are approximately six times more common in women than men, and the commonest age is about 40 (Sargent, 1912), though cases have been reported in childhood (Barling, 1910) and old age (Sargent, 1912). They are more commonly unilateral than bilateral, and more common on the right than the left side. This incidence contrasts markedly with the occurrence of the ribs themselves which are more common on the left than the right and more often bilateral than unilateral. 55 per cent. of ribs are

symptomless. Recently there was a woman in Lydia Ward, under Mr. Massie, suffering from thyrotoxicosis in whom the bilateral cervical ribs were only discovered when the thoracic outlet was X-rayed in search of a retrosternal goitre. Clearly there are other factors involved in the production of symptoms than the mere presence of a cervical rib.

Symptoms can be divided into nervous and vascular, the latter occurring in only 5 per cent. of cases. The nervous symptoms are sensory and motor and the typical patient complains that she experiences numbness, tingling and dullness of the sensation of touch in the little and ring fingers and often along the ulnar border of the hand and medial side if the forearm, though occasionally there may be similar subjective phenomena of median nerve distribution. Sometimes patients complain of sharp shooting or burning pain of the same distribution or aching pain in the neck and supraclavicular region of the affected side. These symptoms may be initiated or aggravated by turning the head to the same side, by hard manual work, or by wearing a heavy overcoat, and are commonly worse towards the end of the day. Objective sensory loss is usually slight or absent, but may be detected if the cutaneous sensations of the hand are specially tested by stroking with cotton wool, for the sense of light touch is impaired before, and to a greater extent than, the thermal and pain sensations. The impairment of touch before the other sensations is cited by Stopford as evidence of nerve compression, and the nerve compressed in the case of cervical rib is the lower trunk of the brachial plexus.

The motor symptoms are loss of power in the hand due to wasting of the small muscles and to a lesser extent paresis of the long flexors and extensors of the fingers. Commonly wasting occurs in the opponens and abductor brevis pollicis muscles, supplied by the median nerve, but on occasion the hypothenar eminence, the interorsei and adductor pollicis, supplied by the ulnar nerve, are affected.

Why should the sensory loss be in the territory of the ulnar nerve and the muscles wasted be those supplied by the median nerve? We must look for a point where sensory nerves from the ulnar border of the hand and the motor nerves to the opponens and abductor brevis pollicis run together in the same trunk. You will remember that the root value of these muscles is T1, that the cutaneous sensation of the ulnar border of the hand, the little finger and ulnar border of the ring finger is C8 and T1, and that these fibres pass to the upper limb in the lower trunk of the brachial plexus, which, as I have already explained, may be compressed as it passes through the costo-scalenic or costo-clavicular space. We have thus neurological and mechanical evidence of the site of the lesion. The variations in the distribution of muscular wasting and sensory loss, already mentioned, can be explained by variation in the degree of involvement of T1 and C8 in the lower trunk and by individual variation in the distribution of the cutaneous and motor nerves of the hand. For instance Rowley Bristow (1947) describes a case of complete division of the ulnar nerve in which there was no wasting of the small muscles. In this case they were supplied by the median nerve as proved by complete paralysis of the hand following injection of this nerve with Procaine. It is well known that the root value of both muscles and skin of the hand may vary as much as a whole spinal segment.

We must now consider why it is that only 45 per cent. of people with cervical ribs have any symptoms, why it is more common in women of about forty years of age, and why symptoms are commonly unilateral and on the right side.

Drooping of the shoulder girdle such as might occur as a result of asthenia or change of occupation from light to heavy work might be expected to cause costoclavicular compression of the trunks of the brachial plexus or stretching of the lower trunk as it passes over the cervical rib. The aphorism that the disease often occurs in widows who take to washing is readily understood in light of this hypothesis, though the symptoms are by no means confined to this hapless group of women. Acroparasthesia occurs following a severe illness or childbirth and is attributed by Walshe (1945) to drooping of the shoulders. It is suggested that the right hand is more commonly affected because it is with this hand that the majority of people do most of their heavy work.

Again symptoms are more likely to occur if the first rib or cervical rib is raised as in emphysema and the scalenus anticus may be of importance in this connection. The sex incidence may be related to the fact that, generally speaking, women are thoracic and men abdominal breathers and there may thus be, in women, more wear and tear on the lower trunk of the brachial plexus. The muscles of women, particularly at and after the menopause, are said to have less tone than those of men and the shoulder girdle to be therefore more likely to droop. The lower trunk of the brachial plexus may thus be stretched as it crosses the cervical rib or it may suffer costo-clavicular compression. Nervous symptoms are often aggravated if the scalenus anticus is put on the stretch and at the same time made to contact, by turning the head to the affected side, raising the chin, and taking a deep breath. Further evidence of the importance of the scalenus anticus muscle in cervical rib symptoms is provided by the complete relief of the nervous symptoms which follows its surgical division in a number of cases.

The scalenus anticus compresses the medial trunk of the brachial plexus against the body of the cervical rib, the fibrous costal element or the normal first rib indirectly through the medium of the intervening subclavian artery.

A cervical rib may be visible or palpable in the subclavian triangle or it may push the subclavian artery forward giving rise to a pulsating tumour and bruit or even an actual aneurysm.

Vascular phenomena occur in only 5 per cent. of cases. They consist of attacks of numbness of the fingers in cold weather. The digits first become white at the tips, then blue and sometimes swollen, the process spreading proximally in severe cases to involve the whole hand, and when the patient enters a warm room the fingers and hand become a deep pink due to reactive hyperæmia, before returning to normal. The finger tips and hand may even become gangrenous and thrombosis of the ascillary artery may occur. This should not be called the Raynaud's Phenomenon, which is due to arteriolar spasm consequent upon sympathetic overaction, though clinically it is indistinguishable from it, for it is only in the exceptional case that the sympathetic fibres in the lower trunk of the brachial plexus are so placed as to be prone to initiation. Todd (1912) believed these symptoms were due to paralysis of the sympathetic, clearly an untenable theory in light of our present knowledge of the functions of sympathetic nerves, and Telford and Stopford (1930) advanced the theory of sympathetic overaction. They were able to find

microscopically in sections taken from dissecting room bodies non-medullated sympathetic fibres, grouped together on the inferior aspect of the lower trunk of the brachial plexus in only one out of nine bodies examined. Sympathetic fibres so placed would be in contact with a cervical rib and could be thus irritated, but examination of a greater number of specimens would be required before this theory could be appraised.

A variation in the anatomical position of the sympathetic fibres could explain why vascular complications occur in only a small number of cases, but if it were the true explanation cases of nervous and vascular phenomena occurring together would be expected more often. Such cases are uncommon with a cervical rib, though Walshe and others collected 5 cases of rudimentary ribs with vascular phenomena accompanied by nervous symptoms. Again, when a nerve is compressed the symptoms of irritation are often followed by paralysis, and cases of peripheral vaso-dilatation, as far as I am aware do not occur. Vascular symptoms are not relieved by sympathectomy and Telford's theory, for this alone seems untenable.

The oldest theory (Hilton, 1863), that of direct compression of the artery as it passed over the abnormal rib, is tenable in the few cases in which the subclavian artery is found to be compressed at operation. To explain the cases in which no such compression was found, Todd and later Telford and Stopford formulated the theories of sympathetic involvement.

The work of Kenneth Eden (1940), who unfortunately died on service abroad during the war, clarified the whole matter. He reviewed the operation findings in all recorded cases, described three personal cases of vascular complications, and advanced the theory of intimal damage. He found aneurysm present in about 30 per cent., dilatation of the subclavian just distal to the cervical rib in 60 per cent., and a normal artery in only 10 per cent. of cases, and concluded that the symptoms were embolic in nature consequent upon intimal damage from intermittent arterial compression, proceeding, in severe cases, to aneurysmal dilatation and thrombosis.

Halstead, by placing metal clips on the external iliac artery, showed that dilatation of an artery could occur distal to the point of compression. In the subclavian artery the dilatation, which occurs between the outer border of the scalenus anticus and clavicle, could theoretically be caused by costo-scalenic or costo-clavicular compression. Vascular symptoms are not relieved by scalenotomy and Eden, Pickering, Lewis, Walshe, Falconer and Weddell have all found costo-clavicular compression of the artery at operation.

Direct evidence of arterial compression is found in the diminution of the radial pulse on pulling the arm downwards and backwards, and in the changes in the arterial wall on section or manifest as aneurysm. The Raynaud's like symptoms are possibly explained by embolic occlusion of arterioles leading to peripheral circulatory impairment with consequent hyper-sensitivity of the capilliaries to cold.

The Diagnosis of a cervical rib should be considered in a patient who complains of numbness, tingling or pain in the ulnar side of the hand and fourth and fifth fingers whether objective sensory loss and wasting of the thenar eminence are detectable or not. It is confirmed by finding a fullness or bony tumour in the subclavian triangle and a cervical rib on X-ray. Cases where one subclavian artery stands out as a pulsating tumour are rare, but if other causes of aneurysm have been excluded a diagnosis of cervical rib can be con-

fidently made. The condition should be borne in mind as a possible cause of gangrene of the fingers and of vascular phenomena resembling Raynaud's Disease.

The Differential Diagnosis is from the allied conditions :

The Scalenus Anticus Syndrome.
The Costo-clavicular Syndrome, and
Acroparasthesia.

The symptoms are those of cervical rib but none is found on X-ray. They are brought on or aggravated by the changes in posture which have already been discussed. In the case of acroparasthesia which is said to be due to the shoulders falling back when lying in bed, the symptoms are worse in the night or on waking, and are relieved or disappear on rising, and may again become severe as the day progresses. The costo-clavicular syndrome occurred in soldiers during the war from drooping of the shoulders when carrying heavy packs. Such symptomatic variations help to distinguish cervical rib and the allied conditions from the following diseases of the nervous system which are unaffected by posture :—

Syringomyelia, which usually affects both hands, and in which loss of cutaneous sensation is primarily thermal. It is noteworthy that Walshe describes a case of syringomyelia and rudimentary rib occurring in the same patient.

Motor Neurone Disease, in which there is wasting of the small muscles of the hands without sensory loss.

Subacute Combined Degeneration, in which there is no wasting, a macrocytic anæmia, a spastic paraplegia and sometimes parasthesiæ of the feet.

Pachymeningitis Cervicalis Serosa Circumscripta, in which the Wasserman reaction is positive and a history of syphilis may be extracted, or there is a history of a chronic basal meningitis.

Peripheral Neuritis, in which there are usually only sensory changes.

Spinal Cord Tumour of the first thoracic segment may mimic cervical rib, but as a rule the symptoms are rapidly progressive and soon give rise to sensory and motor changes in other parts of the body, for example, the Brown-Séquard syndrome.

These diseases can only be excluded after an exhaustive general and neurological examination which must be performed even where an abnormal rib is seen radiologically, for, the rib may not be the cause of the symptoms. Antero-posterior and oblique views of the cervical spine must be taken to exclude Fracture of the Cervical Spine and a Retropulsed Intervertebral Disc.

Klumpke's Paralysis, in which there is wasting of the muscles of the hand, is diagnosed on the history of paralysis from birth and Brachial Plexus Injuries on a history of trauma. Brachial Plexus Tumours may be palpated in the neck and confused with a cervical rib unless X-rays are taken.

Fractures of the elbow region, exostoses and even osteophytes in osteoarthritis may cause motor and sensory changes of ulnar distribution and should be excluded by physical and radiological examination of the elbow

Tumours of the median and ulnar nerves. The whole course of the nerves must be palpated and a point of localised tenderness with referred pain or the finding of a tumour will make the diagnosis clear.

Vascular complications occur mainly where a cervical rib or rudimentary first rib are present but have been recorded with a normal first rib. Aneurysm of the subclavian artery, Raynaud's Disease, gangrene of the fingers in old men from Primary Vascular Disease and Thrombosis and Embolism must be excluded as possible causes.

Treatment for cervical rib, the scalenus anticus syndrome and the costo-clavicular syndromes is first by energetic active exercises, electrical stimulation and message of the shoulder muscles. Operation should be undertaken only if these palliative measures fail. In the case of acroparasthesia the patient should be put to bed for a week sitting up with the elbows supported in slings before exercises and physio-therapy are started. This treatment is usually successful, operation is not called for and lack of success should throw doubt on the diagnosis.

In view of the recent knowledge that cervical rib symptoms may be due to costo-clavicular and costo-scalenic compression removal of both possible causes seems desirable. Excision of the cervical or rudimentary first rib at once widens the costo-clavicular space and removes the costo-scalenic triangle. It is noteworthy that Adson and Coffey (1927) found so many cases completely relieved of nervous symptoms by division of the muscle alone that they considered scalenotomy the treatment of choice. I have seen nervous symptoms relieved by this operation, but vascular complications call for rib excision.

THE OPERATION OF CERVICAL RIB EXCISION.

The best approach for a good cosmetic result is by a collar incision at the base of the neck starting over the sterno-clavicular joint and continued horizontally round the neck in a backward and outward direction for 3 inches. The incision is carried straight down through the investing layer of deep fascia dividing the external jugular vein between ligatures. The posterior border of the sternomastoid muscle is identified and retracted medially with the underlying internal jugular vein and dissection made in the fat of the subclavian triangle for the scalenus anticus muscle, the subclavian artery and the lower trunk of the brachial plexus, which lies behind it on the body of the cervical rib or normal first rib. When a complete cervical rib is present the lower trunk of the brachial plexus and subclavian artery will be seen lying on an articulation between the abnormal rib and a process of the first rib, which sometimes amounts to an exostosis. The scalenus anticus is stretched across these structures.

The phrenic nerve is identified, retrated medially out of harm's way and the scalenus anticus muscle completely divided with scissors at its insertion. There is usually little bleeding and the subclavian artery and lower trunk of the brachial plexus will be seen, on occasion, to slide a little forwards onto the divided insertion of the muscle where they achieve greater freedom.

If access is difficult the inferior belly of the omohyoid should be transected without hesitation and the suprascapular and transverse cervical arteries divided between ligatures.

When vascular complications are present or a large exostosis is found on the first rib, the cervical rib and exostosis must be excised. If the cervical rib is small scalenotomy alone is sometimes all that is required and has the advantage of avoiding the risks of damaging the pleura, subclavian vessels,

or brachial plexus which attend the more extensive operation of rib excision. The anterior end of the cervical rib is exposed by retracting the middle trunk of the brachial plexus upwards and the subclavian artery and lower trunk of the brachial plexus downwards by means of broad tapes passed round them, and the anterior end of the cervical rib disarticulated from the first rib by means of knife and bone cutting forceps. The exostosis on the first rib is removed with nibbling forceps. The middle trunk of the brachial plexus is now retracted downwards to expose the cervical rib's costo-vertebral joint, which is disarticulated with difficulty. The whole cervical rib is next excised complete with the periosteum to prevent regeneration and the operation completed by closure of the skin about a rubber strip drain.

The posterior and middle cervical approaches for excision of cervical ribs were given up in favour of the above described anterior approach because the retraction of the brachial plexus necessary to excise the anterior end of the abnormal rib led to motor and sensory palsies, which were not always transitory. The anterior approach gives better access and is devoid of such complications.

When an aneurysm of the subclavian artery is found it should be excised between ligatures and an upper thoracic sympathectomy performed. The upper thoracic sympathetic chain is exposed on the necks of the upper ribs by dividing Sibson's fascia and depressing the dome of the pleura with an illuminated retractor. The second and third thoracic ganglia and intervening sympathetic chain are excised. The results are good and even in cases of extensive gangrene of the fingers its progress which would otherwise occur is prevented.

It is now realised that many factors contribute to the production of cervical rib symptoms. An abnormal rib, costo-clavicular and costo-scalenic compression, perivascular and perineural fibrosis which is often found at operation, and dropping of the shoulders and careful exploration under local anæsthesia might add much to our knowledge. It is not yet known however to what extent one or several of these factors is responsible in a given case. Eden, Pickering and Lewis have suggested an attractive theory to explain vascular complications and rib excision is a satisfactory form tof treatment, but much still remains unsolved and existing theories need further confirmation before the subject of cervical rib can be considered a solved surgical problem.

I wish to thank Sir Heneage Ogilvie for his kind advice in the arrangement the text.

REFERENCES.

Adson, A. W., and Coffey, J. R. *Ann. Surg.* (1927), **85**, 839.
Barling, Seymour. *Brit. Jour. Child Dis.* (1910), **7**, 108.
Billington, W. B. *Brit. Jour. Surg.* (1931), **19**, 334.
Eden, K. C. *Brit. Jour. Surg.* (1939), **27**, 111.
Falconer, M. A., and Weddell, G. *Lancet* (1934), ii, 539.
Hilton, J. Lecture on Rest and Pain, 1863, 179.
Keighley, R. M. H. *Brit. Jour. Surg.* (1939), **27**, 111.
Sargent, P. *Proc. Roy. Soc. Med.*, 1912–13, **6**, Clin. Sect., 117.
Telford, E. D., and Stopford, J. S. B. *Brit. Jour. Surg.* (1930), **14**, 557.
Todd, T. W. (1912). *Jour. Anat. and Physiol. Lond.*, **46**, 244.
Walshe, F. M. R. *Brit. Med. Jour.* (1945), ii, 596.
Walshe, F. M. R., Harvey Jackson and Wyburn-Mason, R., Brain (1944), **67**, 141.

Obituary

GEORGE STEBBING, F.R.C.S., F.F.R.

A NOTABLE Guy's man, George Stebbing, died at his home at the age of 63 years, on December 22nd, 1947, after a long and painful illness, borne with his characteristic optimism and courage. It was a tragic thing that he should have succumbed to the disease to the cure of which he had devoted himself so ardently for many years.

An outstanding member of the medical profession, and one of the country's leading radiologists, his death is an irreparable loss to Lambeth Hospital where he had laboured so devotedly for nearly 40 years.

Qualifying in 1906, taking both the Conjoint Board examination and the M.B., B.S., London with honours and distinction in surgery, he completed his various house appointments by being House Surgeon to the late Sir Chartres Symonds. In a conversation with the latter, Stebbing told him the kind of whole-time institutional work he would like to do. Sir Chartres replied that he did not think such a place existed and that he (Stebbing) must create it. After a spell of work in a fever hospital, Stebbing came to Lambeth Infirmary in 1908, and with the encouragement of the late medical superintendent, Dr. A. L. Baly, he developed the clinical side and so raised the standard of work that by the outbreak of the first world war, the Infirmary was held in high esteem by both the local populace and doctors. After a period of service in the Royal Navy, he returned to Lambeth where he remained a leading light until the day of his death. In 1934 he was awarded an Honorary Fellowship of the Royal College of Surgeons; and in 1939 he was made a Fellow of the Faculty of Radiology. In his early years he devoted himself to all branches of medicine and surgery, and with his tremendous capacity for work and wide reading, he was regarded by his colleagues at Lambeth as a "G.P." in the very best sense of the term. In those days the medical staff was almost entirely composed of Guy's men, in fact Lambeth was then regarded as a "Guy's preserve," the lure being a chance to benefit by Stebbing's teaching, and many of these men now spread about the world, have good reason to be grateful to "Steb," or the "Great White Chief," as he was affectionately termed, for all he taught them. His experience was so great that the phrase "I am quite familiar with that" disappointed many a junior colleague who felt he had produced a problem for his chief.

Stebbing attracted to Lambeth a number of eminent men in the profession; Sir Chartres Symonds paid a regular weekly afternoon visit for some years, when surgical cases of unusual interest or difficulty were shown to him. His vast experience made the discussion that followed, most interesting and profitable to all present.

In the early twenties Stebbing was becoming interested in the use of radium for the treatment of malignant diseases, and in 1929 he visited all the principal clinics in the country and on the Continent, and shortly afterwards a new radio-therapy department was equipped for him in the hospital.

When the London County Council took over the control of the old Guardians' hospitals in 1930, Stebbing's prestige as a clinician stood so high that he was appointed Surgeon Specialist and Director of the Radiotherapy Department. No other similar appointment existed in any other Council hospital until some years later. It was this combination of being a first class surgeon and radio-therapist which enabled him to achieve such complete success with a large number of his patients who would otherwise have succumbed to their disease; and even when this was not possible, the confidence he inspired and the infinite pains he took over palliative measures, brought great comfort to many sad cases.

Stebbing will always be remembered by his colleagues at Lambeth for:—

His wide interests both inside and outside the hospital, for his work on the Radium Commission, and as Chairman of the Medical Protection Society. He had the faculty of always being interested in anything which interested his friends and acquaintances, and would frequently astonish them with his knowledge of their own subject.

His amazing energy—he was never found unwilling to see and advise on any case in which a colleague desired his opinion. On one occasion a distinguished American visitor to his clinic afterwards described him as the "human dynamo."

His direct approach to the things that mattered and his dislike of non-essentials. He could be very disconcerting when one attempted to explain a problem to him to find that he had already made up his mind about it before he had heard all the points.

The complete confidence and affection he inspired in his patients. He could remember them years afterwards and what he had done for them. For over 30 years he had looked after the sick nursing staff, and none of them ever minded consulting "Uncle George."

He was a fine lecturer and teacher, and earlier Guy's men will remember the ward rounds he made at Lambeth when he would demonstrate rare and advanced conditions of all types. Lambeth will miss him sadly, and the sympathy of the staff goes out to his widow, married daughter, and two sons both at Guy's at the present time.

P.J.W.

Correspondence

The Spirit of Guy's.

The following letter has been forwarded to the Gazette from the Hospital Administrative Authorities, in the belief that it would interest all those who, at one time or another, have made some contribution to the spirit of Guy's.

Dear Sir or Madam,

Towards the end of February last my sister was received into Guy's for treatment and was there until her death, between 8 and 9 weeks in all . . . and I now enclose a cheque for fifty guineas as a contribution towards the costs.

I am keenly sensible that this is quite inadequate as a return for all that was done for her. I regard it only as an acknowledgment of all that I owe to Guy's and if I could have doubled the sum my real debt would still be undischarged.

I have always held the work of Hospitals in honour but never, till I saw it in my sister's case, have I realised how much care and tenderness could be lavished on one patient.

The name of Guy's will always wake in me a sense of gratitude that goes beyond any power of mine to express.

Yours very sincerely,

(Signed) P.H.G.

Carol Singing.

SIR,—The success of the Carol Singing in Trafalgar Square on the night of Monday, December 22nd, was due to the high spirited co-operation of all who took part, including spectators.

We collected £113 16*s.* 7*d.*, and would like to thank everybody who lent a hand.

A large proportion of the spectators were children, and indeed they formed the majority of contributors. Once again this money will be used for the benefit of the children in the wards. As we felt it fit that it be used in a way that the children will appreciate, we have opened a fund known, for want of a better name, as the Caleb-Diplock Children's Fund. This has already provided a Christmas Party and will continue to be disposed of by the Sisters in charge of the Children's Wards, as need arises. We hope it will mount yearly and that others will wish to add to it, so we have asked Dr. Evans to hold a watching brief and act as Treasurer.

The Fund will provide an easily accessible means of attending to the wants of the individual child, of obtaining those amenities not catered for in the running expenses of a General Hospital.

We are, etc.,

J.P., I.S., M.C.

Guy's Hospital, S.E.1.

Guy's Diary

JANUARY—FEBRUARY

ACADEMIC

19th. 1.00. Clinical Lecture. Mr. F. W. Law. "The Red Eye."
3.30. Demonstration of Skin Diseases. Dr. Forman. Preclinical Classroom.

20th. 12.00. Surgical Dept.: Further Demonstration in the Series of Operative Procedures. Th. III.
12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.
1.00. Clinical Lecture. Dr. W. N. Pickles. "The Country Doctor."

21st. 2.30. Post-graduate Revision Class in Anæsthesia. Dr Marston Clinical Th. Surgical Block.

22nd 1.00. Clinical Lecture. Mr. Grant Massie "Diverticulitis."

23rd. 1.00. Clinical Lecture. Dr. R. T. Grant. "Methods used in the Diagnosis of Peripheral Vascular Disease."

24th. 10.30 Surgical Dept. Clinico-Pathological Meeting Anatomy Th.

26th. 1.00. Clinical Lecture. Dr. A. D. Marston. "Muscular Relaxation in Anæsthesia."
3.30. Demonstration of Skin Diseases. Dr. Forman. Preclinical Classroom.
5.00. Mr. G. H. Bateman, F.R.C.S., will show two coloured films, "Bronchial Neoplasm" and "Organic Disorders of the Larynx." By Dr. Paul Holinoer, of Chicago, in the Anatomical Theatre.

27th. 12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.
1.00. Clinical Lecture. Prof. T. L. Hardy. Professor of Gastro-Enterology at Birmingham University. "Man and his Bowels."

28th. 2.30. Post-graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th., Surgical Block.

29th. 1.00. Clinical Lecture. Sir Heneage Ogilvie. "Scrotal Swellings."

30th. Medical Dept. Combined Round.

2nd. 3.30. Demonstration of Skin Diseases. Dr. Forman. Preclinical Classroom

SPORT and SOCIAL

17th. England *v* Wales (Twickenham).
Rugby XV. *v.* Old Alleynians (Dulwich).
Hockey XI. *v.* Hendon Hockey Club (Away).

21st. Association XI. *v.* Reading University (Reading).
9.15 Ministry of Information Films (1) "Our Country," (2) "Heir to the Throne." Nursing School.

22nd. 4.30. Physiological Society. Paper by Mr. K. Cooper. "Traumatic Shock." (Tea 4.0).

24th. Rugby XV. *v.* Old Whitgiftians (S. Croydon)
Hockey XI. *v.* Woolwich Polytechnic (Away).
Association XI. *v.* St. Mary's Hospital (H.O.P.).

28th Association XI. *v* Royal Marines, Chatham. (H.O.P.).
Hockey XI. Inter-Hospital Cup—Round 2.

31st. Rugby XV. *v.* Devonport Services (H.O.P.).
Hockey XI. *v.* Ealing Dean (H.O.P.).
Association XI. *v.* Middlesex Hospital (Chislehurst).

Reviews

Occupational Therapy for the Limbless. By PHYLLISS LYTTLETON. 1st Edn. Lewis. *Price* 3*s.*

THIS book clearly indicates the size and importance of the problem, but in the forty pages only a few details are to be expected.

The Appendix. By R. J. MCNEILL LOVE. 1st Edn. Lewis. Pp. 188. *Price* 12*s.* 6*d.*

A LARGE part of this book is dedicated to the case for the Oschner-Sherren conservative method of treatment.

Elements of Surgery. By FAUSET WELSH. 1st Edn. Oxford Medical Publications. Pp. 79. *Price* 7*s.* 6*d.*

THE student about to enter the wards would do well to read this little book on his last long university holiday, and he would probably refer to it frequently during his first surgical appointment. It demands a certain knowledge of anatomy and physiology and would on this account be of small use to the lay person, secretary or almoner, wishing to know a little of what she is talking about.

Sport

RUGBY FOOTBALL

GUY'S *v.* OLD MERCHANT TAYLORS

at H.O.P. Won 4—0.

3rd January, 1948.

Played in the early morning owing to the England *v.* Australia match at Twickenham, this game proved to be far below standard. Neither side was at full strength and the pitch, as a result of heavy rain and previous heavy play, now has only a token patch of grass along each goal line. The O.M.T's. turned out a heavy and accomplished pack, led by the old international forward A. Huskisson, and were more than a match for the Guy's eight. Behind the scrum, however, O.M.T's. were weak and wasted their chances—several times as they approached the Guy's line they lost their advantage by kicking ahead straight to the hands of a defender.

The game opened with forward rushes by both sides, and with some hasty falling by both three-quarter lines. Guy's surprised with a rapid heel on the O.M.T's "25" for Billingham to drop a clever goal. This proved to be the only score in an otherwise depressing game. For the remainder of the time the play was dreadfully stereotyped: kick and rush in style with very little skill and a great deal of careless play.

Guy's must consider themselves lucky to have won this game, and we look forward to a marked improvement.

GUY'S *v.* R.A.F.

at H.O.P. Lost 0—4.
7th January, 1948.

As this was one of the R.A.F's. preliminary matches prior to the Inter-Services competition, they turned out their strongest available team to meet the Hospital, who, except for H. Brunow, were also at full strength. Unfortunately conditions could hardly have been worse—the ground already muddy and almost bare of grass was under water, and as the R.A.F. kicked off rain began to fall.

The Hospital pack, however, apparently revelling in these conditions, settled down to play clever football against a very much heavier combination. With Keeling back as hooker they won the majority of the set scrums in the early phases of the game, and some energetic foot rushes put the R.A.F. on the defensive. They, however, were not easily demoralised and soon got together and surprisingly enough began to feed their three-quarters. This was not a very profitable move, for the passing and catching of a heavy greasy ball proved too much for them and eventually they reverted to the kick ahead and foot rushes that the Hospital were using.

T. Smith was concussed and forced to leave the field, and with a forward on the wing the R.A.F's. weight against the depleted Guy's pack began to tell.

The second half found the R.A.F. getting slightly the upper hand. Beamish and Horsfall put in some clever forward dribbles and Cannell several times attempted to cut through in the centre. The defence however proved itself capable of dealing with these attacks until Plumb, the R.A.F. fly-half, given more than usual scope, dropped a good goal.

After this, with Smith back on the field it was all Guy's. They attacked consistently until the final whistle, and several times were only stopped a few yards short of the R.A.F. line.

It was good to see Guy's playing well again—credit must go to B. W. Cole and his forwards who never let up against heavier opposition, and to the whole team for their defence. Once more we must say, however, that the attack is only mediocre and must be improved if we are to beat such opponents as Richmond and Gloucester who we meet during the second half of the season.

GUY'S *v.* WASPS

at H.O.P. Won 16—9.
10th January, 1948.

Guy's, after their hard mid-week game, entertained the Wasps at H.O.P. on Saturday. The visitors came with a great reputation, having recently beaten both the Scottish and the Irish.

The weather for once was kind, and the ground had begun to dry out after the recent heavy rains. The Hospital attacked right from the start, and it was immediately clear that the return of our Skipper brought new life to the three-quarter line. As if to celebrate his return, and to deny doubting rumours as to his fitness, Brunow siddled through the defence to give his three-quarters a simple passing movement before D. Le Clus crossed far out. Lewis, using a new angle for the place, converted.

Two minutes later D. Le Clus, taking the ball in midfield, spreadeagled the defence, kicked ahead, beat the full-back on the turn, and fell on a bouncing ball to give Guy's an 8-point lead.

The Wasps reduced the lead with a penalty goal and a try, following a forward dribble, and some surprising defensive blunders by the Hospital. Prior to half-time the lead was again increased, Lee holding the ball till just the right moment for Hatton to take the pass and cross under the posts. Lewis converted.

After half-time the game rapidly reached a high standard of play. Brunow again and again found defensive faults and although no score came the Wasps were uneasy. Doubleday relieved following an intercept and catching the Guy's defence going the wrong way scored far out. Then followed a hard, relentless battle. In the forward play the Wasps held the whiphand, but their three-quarters however never had sufficient penetration to score.

Then almost at no-side Lee began a movement by cleverly keeping the ball in play and dribbling away from the Guy's line, which enabled McCallum to pick up and pass back to Brunow. then Brunow made a 30 yard dash and passed out to Hatton: a reverse pass: out to Keeling—a surprising good side-step for a hooker—a long pass and rightly it was Lee the originator who took the pass to score far out.

That was the end: a great game and most welcome in that at last attacking play has returned to the three-quarter line, for which the captain must indeed be thanked.

J. H. Keeling has again been selected to hook for England. this time against Wales. The match is at Twickenham on Saturday, January 17th.

HOCKEY

GUY'S *v.* BIRMINGHAM UNIVERSITY

at H.O.P. Won 2—0.
5th January, 1948.

In Guy's return match against the University the Hospital was on top from the first whistle, and the first goal from R. Hodson was scored within 5 minutes. From then on the visiting forwards tried to break through but were held by our defence on each occasion. At half-time the score was still 1—0. In the second half the Hospital was once more on the attack and a lone run by the left wing, Duckworth, resulted in the second goal and also in the retirement of Duckworth through injury.

With only 10 men for the last 20 minutes the Hospital still managed to prevent the University from scoring although they pressed hard. This was indeed the best and fastest game of the season.

Team: F. Walker, G. Danford, W. Vans Agnew, G. H. Opie, E. A. Murray (Captain), R. A. Keable-Elliott, D. V. Duckworth, D. Blake, S. S. R. Earl, I. Kelsey Fry, R. Hodson.

GUY'S *v.* SOUTH SAXONS

at St. Leonards. Won 3—2.
10th January, 1948.

Once again the Hospital who proved the better team, were on their toes from the very beginning and soon had a goal to their credit from Kelsey Fry. This pressure continued and by half time both Earl and Blake had also scored for the Hospital. In the second half the Saxons rather forced the pace and succeeded in shooting a goal, which was followed by another from a penalty bully, which was taken, rather unsuccessfully, by Danford. Mention must be made of E. A. Murray at centre half and the three inside forwards, Kelsey, Fry, Earl and Blake, who all played an excellent game. The journey home by coach was certainly a victors triumphful ride.

Team: F. Walker, G. Danford, J. B. Harris, C. H. Opie, E. A. Murray, R. A. Keable-Elliott, H. C. F. Meyer, D. G. Blake, S. S. R. Rarl, I. Kelsey Fry, R. Hodson.

ASSOCIATION FOOTBALL

GUY'S *v.* TRENT PARK TRAINING COLLEGE

at H.O.P. Lost 2—6.
7th January, 1948.

(*Scorers :* Leckie and Sturdy)
Team : A. H. Whitaker, S. F. A. Westgate, P. H. Holloway, E. M. Newton, H. R. C. Riches (Captain), P. A. Swift, A. Fearn, J. C. Leckie, D. E. Sturdy, P. W. Head, J. Singer.

GUY'S *v.* CORINTHIAN CASUALS

at H.O.P. Won 2—1.
10th January, 1948

Having been decisively beaten earlier in the week by Trent Park Training College, Guy's, strengthened by the return of Matthews and Lewis, scored a well deserved victory against Corinthian-Casuals' Reserves. For periods Guy's were well on top and displayed excellent form, unfortunately these were interspersed with some unaccountably mediocre play.

Guy's opened their account after ten minutes with an excellent goal by Leckie, who, receiving a through pass from Matthews, raced on to score with a fine cross shot. Until this moment it had been all Guy's, but the Old Boys rallied well, and fifteen minutes later equalised by a freak shot from an "impossible" angle. Play was even for the rest of the first half, and the interval was taken with the score tied, one all.

Early in the second half Guy's went ahead with a goal from Sturdy, who had switched to centre-forward. The forwards were now playing well together, and their opponents were hard pressed to keep them out, the goalkeeper making a particularly fine save from Sturdy on one occasion. Towards the end, Corinthian-Casuals made great efforts to equalise but Guy's defending stoutly, held on to their advantage.

It was a clean, hard fought game in which Riches was a tower of strength at centre-half, and wing-halves Matthews and Swift ensured that their forwards were well fed. Criticisms to be levelled against the team are lack of stamina and the dislike of first-time shooting by the forwards.

Team : A. H. Whitaker, S. F. A. Westgate, P. H. Holloway, D. G. Matthews, H. R. C. Riches (Captain), P. A. Swift, D. E. Sturdy, J. C. Leckie, A. Fearn, N. I. Lewis, P. W. Head.

Hospital Information, etc.

NOTICES

YORK CLINIC FOR PSYCHOLOGICAL MEDICINE, GUY'S HOSPITAL.

Applications are invited from qualified medical practitioners for the post of full-time First Assistant Medical Officer in the York Clinic for Psychological Medicine in Guy's Hospital.

This post carries a salary at the rate of £500 per annum, with full residential emoluments. The appointment will be for one year in the first instance, but this may be extended for a further period.

Applications in writing, with the names of two referees, should be submitted to The Secretary of the York Clinic, Counting House, Guy's Hospital, London, S.E.1, and should reach the Secretary not later than the 31st January, 1948.

GUY'S HOSPITAL.—ASSISTANT OBSTETRIC SURGEON.

Applications are invited from Service candidates and others for the appointment of Assistant Obstetric Surgeon to Guy's Hospital. Copies of Standing Orders for the appointment can be obtained from the Superintendent, to whom letters of application (20 copies), together with the names of three referees, should be submitted not later than 31st January, 1948, and from whom any further information desired can be obtained.

GUY'S HOSPITAL.—ASSISTANT PHYSICIAN.

Applications are invited from Service candidates and others for the appointment of Assistant Physician to Guy's Hospital. Copies of Standing Orders for the appointment can be obtained from the Superintendent, to whom letters of application (20 copies), together with the names of three referees, should be submitted not later than 31st January, 1948, and from whom any further information desired can be obtained.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS.

The next examination for the Diploma in Obstetrics will be held in March, 1948. The written examination will be held on Tuesday, 2nd March, and the clinical and oral will commence on Tuesday, 16th March.

Application to sit for this examination should be made by Tuesday, 27th January.

MEMBERSHIP COURSE.

It is proposed to hold a Membership Course, starting on the 2nd February, for the examination in April. Names of those wishing to attend this Course should be handed in to the Medical School Office not later than Friday, 23rd January, 1948.

GUY'S HOSPITAL EMPLOYEES' ASSOCIATION.

During the war years Guy's Hospital Employees' Association's activities were suspended, and with a view to restarting a very successful Meeting wa held in the Physiology Theatre on 12th January, 1948.

It was unanimously agreed that this Association be revived and the following Officers were appointed :—

Chairman	..	Mr. E. J. Hall
Treasurer	..	Mr. A. E. Wallis
Secretary	..	Miss D. H. Gadd, and six other members.

It is hoped that all employees will take an active interest in the Association and suggestion for promoting social activities are invited. Suggestions and enquiries should be addressed to the Secretary or Assistant Secretary, c o The Medical School Office.

PASS LIST

UNIVERSITY OF LONDON

SECOND EXAMINATION IN DENTAL SURGERY.

December, 1947.

Old Regulations.

W. J. Bailey
D. R. Boswell
A. L. Giulianotti
P. T. Grimer
J. H. Keeling
P. J. A. Lawrence
P. B. Morris

New Regulations.

P. J. Holloway
B. E. Lawson
R. Marx

THIRD (B.D.S.) EXAMINATION IN DENTAL SURGERY.

December, 1947.

Honours.

W. J. Tulley.

Distinguished in Pathology and Bacteriology and Operative Dental Surgery.

Pass

J. L. Attenborough — L. G. Richards
I. B. Harris — P. H. Smith
H. M. Hughes

SUPPLEMENTARY PASS LIST.

The following Student has passed in Group II

R. L. Leader.

UNIVERSITY OF LONDON.
SECOND EXAMINATION IN DENTAL SURGERY,—PART I.

December, 1947.

Old Regulations.

D. R. Boswell.

New Regulations.

D. M. J. Lyons — H. W. Powell
K. F. C. Muncey

UNIVERSITY OF LONDON.
SPECIAL FIRST EXAMINATION FOR MEDICAL DEGREES.

December, 1947.

V. Ainsworth — P. E. Kapff
C. V. Bullen — E. N. McKenzie
E. C. Dawson — I. Macmillan
R. J. G. Day — N. E. Price
W. F. Dummer — A. J. Smith
F. C. Emberton — A. F. Sunderland Cooper
B. A. Embleton-Smith — F. L. D. Steel
D. J. Green — R. V. L. Thomas
B. K. Higgins — W. J. P. Wilkie
A. G. Jennings

The following Students have completed exemption from First Medical:

R. E. Collinson — P. Packer
J. Eastwood

The following High School Candidate has qualified for exemption from First Medical:

E. M. James.

UNIVERSITY OF LONDON.
ACADEMIC POSTGRADUATE CERTIFICATE IN PUBLIC HEALTH.

December, 1947.

G. J. L. Davies.

UNIVERSITY OF LONDON.
FACULTY OF SCIENCE.

Physiology.

December, 1947.

M.Sc.

D. J. Anderson, B.D.S., B.Sc.

UNIVERSITY OF LONDON.
M.D.

December, 1947.

Branch I.—Medicine.

S. W. Hinds, M.D.

Branch VI.—Tropical Medicine.

A. J. Walker, B.Sc. (Eng.).

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The undermentioned Guy's men have been elected to the Fellowship in Dental Surgery:

H. Chapman — J. F. Pilbeam

NEW YEAR'S HONOURS.

O.B.E. (Civil Division)

George French Stebbing, M.B., F.R.C.S. (Died 22nd December, 1947).
Samuel Shone, M.D., M.R.C.P., I.M.S.

M.B.E. (Military Division)

Major (Temporary) Ian Archibald Jackson, M.B., B.Chir., R.A.M.C.

PAPERS BY GUY'S MEN

Blacker, C. P. Stages in Population Growth. *Eugenics Review*, 1947, **39**, 88.

Bolton, R. H. Compulsory Physical Education for University Students. *Lancet*, 1947, ii, 938.

Cosin, L. Aids to Hospital Care of the Elderly. *Medical World*, 1948, **67**, 620.

Cosin, L. Organizing a Geriatric Department. *Brit. Med. J.*, 1947, ii, 1044.

Kilpatrick, F. R. Carcinoma of the Prostate. *Clin. J.*, 1948, **77**, 11.

Knot,, F. A. Influenza and its Viruses. *Practitioner*, 1948, **160**, 58.

Mill, W. A. The Present Status of Tonsillectomy. *Practitioner*, 1947, **159**, 427.

Nicholas, Charles P. Carcinoma of the Colon *Clin. J.*, 1948, **77**, 13.

Smith, R. E. The School Child and His Diet. *Practitioner*, 1948, **160**, 41.

Stewart, Charles J, and Another. Childbearing and Pulmonary Tuberculosis. *Brit. Med. J.*, 1947, ii, 726.

CHANGES OF ADDRESS

H. F. Lunn, F.R.C.P., C.M.S. Hospital, Old Cairo, Egypt.

MARRIAGES

PENTLAND—HARVEY.—On December 20th, 1947, at Gorey, Eire, Hugh M. Pentland to Mary B. Harvey, S.R.N.

BIRTHS

DAWE.—On December 27th, 1947, at the University College Hospital, to Roda (née Elliott), wife of Ernest B. Dawe—a son (Nicholas Elliott).

FOLEY.—On January 7th, 1948, to Pixie (née Wilson), wife of John Foley—a son (Adam Sean).

GILLMAN.—On December 19th, 1947, at the Hill Hursing Home, Reading, to Patricia, wife of Noel Gillman—a son (David Michael).

PICKARD.—On December 15th, 1947, to John and Brian Pickard, of Priory Tower, Priory Park, Blackheath—a second daughter (Celia Jane).

DEATHS

PILCHER.—On December 26th, 1947, Edgar Montagu Pilcher, C.B., C.B.E., D.S.O., F.R.C.S., Major-Gen. A.M.S., aged 82 years.

SLATER.—On November 20th, 1947, suddenly, Harold Slater, L.D.S., R.C.S., of Chobham, Surrey.

STEBBING.—On December 22nd, 1947, George French Stebbing, M.B., B.S., F.R.C.S., 38, Telford Avenue, S.W.2.

Eds. { H.A.R. / R.A.K-E.

GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

PUBLISHED FORTNIGHTLY

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PASSIM

WE have received a severe rebuke from the Dean for the views expressed in Passim of the last issue. It is a lengthy rebuke, but we publish it in full. We would however add a few remarks here, in defence of our views, and in defence of the views of those readers, students, staff and ex-Guy's men, who have commended us on giving voice to their feelings.

We feel, for example, that there are few who would stand with the Dean in his opinion that there is no lack of politeness, personal tidiness, cleanliness, and bedside manners, or (as he prefers, and we do too) good manners. This may have shown no deterioration. We do not know. But that it leaves something to be desired, we are convinced.

He appears to have accepted our criticism of what is apparently forced on the Office, as a criticism of that Office itself. If that was the impression given, then we most humbly apologise. We believe, as we think all serious minded Guy's men believe, that the Office is concerned deeply with our interests, and that no body of men could fulfil their responsibility with more helpfulness, kindness, charm and courtesy than do 'Mr. Winston and his three lieutenants.' But our appreciation of these worthies does not imply that we must appreciate the unfortunately intricate plan which the University forces on their school. (The word "unfortunately" comes from Dr. Boland). If the fault is not at Guy's, so much the better, our consciences are cleared.

That we are not criticising the most excellent increase in meetings, rounds, exhibitions and voluntary lectures which have come into being since the war, largely under the auspices of the newly founded Departments of Medicine and Surgery, we hoped was abundantly clear. Not only have they received the attention and humble commendations of Passim in previous issues, but they, being voluntary, can in no way have been suggested by a writer who so specificly disliked regimentation. Perhaps it was the words "since the war" which misled Dr. Boland. Then we are sorry. There are apparently no more compulsory lectures now than *before* the war. But those who were students *during* the war, when compulsion was understaffed, cannot but notice the return to abundance.

If we can be constructive, Sir, let us suggest this, that we plea with the guiding hand, the University curriculum, to leave us be, to let us study like adults, the way we think fit (and to Guy's men, that is to study and to discuss the patient). But let us too have less truck with the idler and the waster. Let us say less often, "You will have to try harder," and when no improvement results, the same words again and again. Let us warn once, and if idleness persists, let us say, "Out! Make room for one who will." That will savour more of survival of the best, and less of keeping the half-hearted alive.

SIR JOHN CONYBEARE and Mr. and Mrs. Doherty leave for South Africa on January, 29th. They hope to visit, among other places, Cape Town, Port Elizabeth, Durban, Johannesburg and Bulawayo. As yet they have no assured return passage. We hardly blame them. They claim to be going as free lances, on holiday and without duty. We trust they will accept one responsibility, that of bearing salutations and good wishes from all of us to that great body of men, our friends and colleagues, who so consistently have added lustre to the name of Guy's.

SISTER BIRD would like to thank all those who kindly sent contributions to the Landon Tea Fund this Christmas. The amount subscribed was £166 3*s*. 4*d*., and it enabled the organisers to give an excellent entertainment and tea to 300 Borough children. Anyone who was in the Out-Patient Department or its vicinity on Christmas Eve will testify as to the success of the party.

WE apologise for a grave mistake which passed the proof reader in the last issue of the *Gazette*. The Secretary of the Guy's Hospital Employees' Association is Miss I. Jordan, the Assistant Secretary, Mr. D. H. Gadd and a committee of six other members.

WE include in this issue the first of a series of "Lectures in Brief." These précis, written from notes taken at clinical lectures, are published with the permission of the lecturer. But it must be born in mind that the lectures were not delivered in the knowledge that they were for publication, and an intimate rather than a comprehensive note must be expected and accepted. We trust that our readers will approve.

WE would remind our readers that the annual subscription to the *Gazette*, 12*s*. 6*d*. per annum, post free, including the "Directory of Guy's Men (Medical and Dental), as and when published, is now due, and, if not already paid, should be forwarded to the Manager, The Gazette Office, Guy's Hospital, S.E.1.

Guy's Diary

JANUARY—FEBRUARY

ACADEMIC

Surgical Dept. Current Exhibition in the Gordon Museum: "Surgery of Rectal Bleeding."

2nd. 3.30. Demonstration of Skin Diseases. Dr. Forman. Pre-clinical Classroom.

3rd. 12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.
12.00. Surgical Dept. Further Demonstration in the series of Operative Procedures. Th. III.

4th. 2.30. Post-graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th.

6th. 1.00. Clinical Lecture. Dr. J. M. H. Campbell. "Bacterial Endocarditis."
Medical Dept. Combined Round.

9th. 1.00. Clinical Lecture. Dr. M. J. F. McArdle. "Trigeminal and other Facial Neuralgias."
3.30. Demonstration of Skin Diseases. Dr. Forman. Preclinical Classroom.

10th. 12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.
1.00. Clinical Lecture. Mr. H. J. B. Atkins. "Some Cases in the Wards."

11th. 2.30. Post-graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th.

13th. 1.00. Clinical Lecture. Dr. C. Hardwick. "Undulant Fever."
Medical Dept. Clinico-pathological Conference.
5.30. Surgical Dept. Film on Gastro-enterology. Anatomy Th.

14th. 10.00. Surgical Dept. Round conducted by Mr. R. M. Handfield-Jones. Clinical Th.

16th. 3.30. Demonstration of Skin Diseases. Dr. Forman. Preclinical Classroom.

SPORT and SOCIAL

31st. Rugby XV. *v*. Devonport Services (H.O.P.).
Association XI. *v*. Middlesex Hospital (Chislehurst).
Hockey XI. *v*. Ealing Dean (H.O.P.).

2nd. Fencing Club. Inter-Collegiate Fencing Championships commence.

3rd. 7.30. Students' Union Review. "Over to You." Physiology Th.

4th. Association XI. 2nd Round Hospital Cup (Away).
7.30. Students' Union Review. "Over to You."

5th. Rifle Club *v*. King's College (Home).
7.30. Students' Union Review. "Over to You."

6th. Rifle Club. Monthly Spoon Competition.
7.30. Students' Union Review. "Over to You."

7th. Rugby XV. *v*. R.A.F. (H.O.P.).
Association XI. *v*. Old Aldenhamians (Away).
Hockey XI. *v*. A.E.C. (Away).
7.30. Students' Union Review. "Over to You."

9th. 6.00. Fencing Club. 3. F.E.S. *v*. Salle Paul (Home).

10th. 5.00. Christian Union. R. E. D. Clark, M.A., Ph.D. "Science and the Christian Belief."

11th. Association Football. Semi-final Hospital Cup (Away).
Leap Year Dance. Porchester Hall, Bayswater.

12th. 4.30. Physiological Society. Dr. P. Staple. "Cell Membranes." Physiology Th.

13th. Aft. Rifle Club. Monthly Spoon Competition.
Eve. Rifle Club *v*. St. Mary's Hospital (Home).

14th. England *v*. Ireland (Twickenham).
Rugby XV. *v*. London Irish (H.O.P.).
Hockey XI. *v*. West Herts (Away).
Association XI. *v*. St. Thomas' Hospital (H.O.P.).

Pulmonary Embolism

A Clinical Lecture delivered by Mr. N. L. ECKHOFF, M.S.

GENTLEMEN,—The American and Scandinavian literature has been full of papers on the problem of embolism and thrombosis for some years, whereas little has been written about it in British surgical journals. It might therefore be imagined that the menace is of lesser magnitude in this country. Months or even years may pass in the experience of each one of us without the tragedy of pulmonary embolism becoming a personal problem, and complacency is apt to follow. Dr. de Nevasquez tells me that the post mortem room records show that 3–4 per cent. of all deaths are due to this cause. While we are apt to regard pulmonary embolism as a post operative complication we must not forget that deaths occur from this cause in the medical and obstetrical wards also. Pulvertaft found 84 cases in 4,750 post mortems (1.8 per cent.) of which 65 were post operative.

Whenever a patient is put to bed clotting is liable to occur in veins. This occurs more in the elderly and in those whose illness induces immobilisation (*i.e.* serious operations or fracture cases). I cannot remember post operative pulmonary embolism in a young patient.

The factors that induce clotting are not known. Brock showed many years ago that there was an increase in platelets in the post operative period reaching its highest level about the tenth day. But platelets counts are notoriously difficult and somewhat unreliable. Pulvertaft in a recent lecture at the Royal College of Surgeons mentions other possible factors, some still somewhat theoretical. The victims of embolism are often elderly, and many are suffering from cancer. He suggests that arterio-sclerosis may produce ischæmia of the calf muscles, which in turn liberates thrombokinase, thus producing suitable conditions for clotting in the leg veins, particularly if a knee pillow or other pressure impedes these viens. Degenerating neoplasms may also liberate thrombokinase. Hæmoconcentration, associated with shock might also favour clotting. It is also conceivable that coagulase positive staphylococci may in some instances be responsible.

I mention these hypothetical suggestions to indicate that little is still known about the true factors involved.

The calf veins are thought to be the starting point of the clot in most cases. Pulvertaft shows a giant section of the calf with all the deep veins well clotted.

The clot propagates from the calf veins into the popliteal and femoral veins, then to the iliac veins and even to the vena cava. It is probably whilst it is lying free in the femoral or iliac veins that a portion breaks loose, ascends to the right side of the heart and so to the pulmonary artery. Why death takes place so rapidly is not clear. It can be practically instantaneous, and is too quick to be due to simple asphyxia.

The clot that occurs in varicose veins, whether spontaneous or clinically induced very very rarely breaks loose. Similarly the well recognised post operative femoral thrombosis rarely produces embolism. It is generally believed that those clots are firmly adherent to the vein wall, whereas those that cause embolism are lying free in the lumen. Some call the latter variety phlebothrombosis, the former thrombophlebitis. MacFarlane was, in 1939, able to demonstrate fibrinolysins in the blood in the post operative state, sometimes after quite trivial procedures ; and latterly that they may be found following simple premedication, or even the apprehension associated with an operation. It may well be that such fibrinolysins determine the loosening of the clot.

Diagnosis of thrombosis in the calf veins is not easy. It is true that the patient sometimes complains of pain in the calf and that some tenderness here, with œdema of the ankle, may be seen. Dorsiflexion of the foot may cause pain in the calf (Homans' Sign). But only too frequently the embolism is sudden and unexpected ; a keen student may have noticed a little elevation of the temperature for a few days before this happened. I regard an unexplained mild pyrexia (up to 99 or 100 degrees) as of very sinister significance. Strangely enough the patient often has a vague sense of uneasiness during this time.

Treatment.

My surgical mentor, R. P. Rowlands, was one of many who believed that early ambulation would do much to reduce the danger of clotting, and there is no doubt that it does so, apart from conferring other advantages in reduction of gas pains and

more speedy recovery generally. Crafoord states that the incidence of thrombosis is halved with early ambulation, but in either group one out of every five patients dies of embolism. (Crafoord incidentally has probably saved more patients than any other surgeon by pulmonary embolectomy).

Other methods used to prevent stagnation in the leg veins are :—

1. Administration of thyroid extract (Mayo Clinic).
2. Administration of ephetonin (Bankoff).
3. Substitution of a board at the foot of the bed for a knee pillow (Fripp and McConnell).

Since the advent of heparin (discovered by McLean working with Howell in 1918) and its first large scale production by Charles and Scott of Toronto (in 1933) this drug has been used in large series of cases, chiefly by the Canadian and Swedish schools (Gordon Murray, Crafoord, Jorpes, Bauer, etc.). Bauer, at a recent meeting of the International Society of Surgery in London, reported no death in 12,000 cases. The sudden pulmonary embolism he designated by the rather striking epithet " a bolt from the blue heaven."

Dicoumarol was first recognised in 1921 by Schofield as the cause of the hæmorrhagic disease in cattle due to eating spoiled sweet clover. It was synthesised by Link in 1940 and its use has been discussed in a clinical lecture here by Douthwaite. The difficulty is that dicoumarol can only be used in a hospital where daily prothrombin times can be estimated, the technique for which is, I understand, rather specialised.

Ligation of the femoral vein, distal to the point where the profunda joins it, has been carried out in hundreds of cases (notably at the Massachusetts General Hospital) and has again brought about a marked lowering in the incidence of pulmonary embolism. It has been done in cases where thrombosis of the calf veins has been diagnosed, and has even been done as a prophylactic measure in large groups of patients over 65.

What is to be our attitude towards these modern procedures ?

I do not visualise that we are likely to perform venous ligation on hundreds of individuals with a view to preventing pulmonary embolism in a small group. It is said that if signs are present in one leg, bilateral ligation must be carried out. Some even tie the main femoral, the iliac, or the inferior vena cava. Such wholesale ligations must in the long run produce further complications.

Nor do I visualise the wholesale use of heparin. It must be given intravenously either by continuous or intermittent injection, and we know that prolonged use of a vein has its own difficulties and complications. Furthermore, the cost is prohibitive. In a recent case at Guy's, I am told the cost of the heparin used was £80. The anti-coagulant effect of heparin is said to be reversed immediately by protamine.

Dicoumarol is given by the mouth and is cheap. But, as stated before, it cannot be used unless prothrombin times can be estimated daily by an expert. Its effect is slow and the reversal of its effect is also slow, requiring sometimes many blood transfusions and vitamin K. Troublesome bleeding may occur if the prothrombin time is lowered too much.

It would seem to me that further work is necessary in attempting to unravel the basic cause of post operative clotting, or at least to discover the types of patient in whom clotting is likely. If this can be determined a programme such as that suggested by Crafoord can be outlined for such selected cases.

Start with heparin and dicoumarol. When the dicoumarol effect is seen (in about 2 days) stop the heparin, and continue dicoumarol, carefully checking the prothrombin time, till the patient is up and about. Give heparin again when the dicoumarol is withdrawn.

I would personally reserve venous ligation for cases where thrombosis of the calf veins is definitely diagnosed.

The dramatic seriousness of the whole affair is somewhat mollified by the words of Pulvertaft : " The majority of the cases were men and women whose hour of death was not long to be postponed from the nature of their condition, and to whom death came, if suddenly, as a merciful euthanasia."

REFERENCES.

Pulvertaft, R. J. V. (1947). *Annals of the R.C.S.*, **1**, 181.
Brock, R. C. (1929) *Guy's Hospital Reports*, **79**, 451–472.
Douthwaite, A. H. (1944). *Guy's Hospital Gazette*, **58**, 12–15.

Lectures in Brief

"FOREIGN BODIES IN THE EAR, NOSE AND THROAT."

By Mr. L. F. W. SALMON.

Chiefly due to the recent advances in chemotherapy and the use of penicillin acute mastoiditis, which used to provide the commonest E.N.T. emergency, has been displaced by the "foreign body" group of conditions.

Foreign bodies in the Ear fall into three groups. *a*) Those introduced intentionally. *b*) Those introduced accidentally, *e.g.* by blast, insects, etc. *c*) Those introduced intentionally and left accidentally, *e.g.* wool used in mopping out a chronic otitis.

Diagnosis: Usually there is a clear history of the introduction of a foreign body. Where there is a lapse of time between this event and the patient presenting himself, the leading symptom may be one of discharge or deafness. Otoscopy will make the diagnosis clear.

Treatment: *a*) Syringing. This is the most effective method, but if the object is of vegetable nature it may swell and impact should the first attempt at syringing fail. A traumatic perforation of the drum is a contra-indication. Where this complication is known, or thought possible, expectant treatment until the perforation heals is better.

b) With forceps. These should be employed only when the foreign body or some part of it can be grasped without danger of pushing it further into the meatus.

c) By hook.

Foreign bodies in the Nose may be introduced intentionally or accidentally, *e.g.* in the act of vomiting, through the posterior nares, or as a penetrating missile terminating as a nasal foreign body.

Diagnosis: Again the history is of value, but less regularly than in aural cases. Where this is lacking the presenting symptom is of *unilateral* nasal discharge. The other important condition producing this in the younger groups is diphtheria which must be excluded. Careful examination with a head-mirror and a good light is essential. 5% cocaine may be applied with advantage. The muco-purulent discharge may require removing with a mop before the object can be seen. X-rays are sometimes of value.

Treatment: *a*) With forceps. This is usually contra-indicated as the risk of projecting the object into the pharynx is high.

b) With a grooved director. Mr. Layton's method. The director is introduced along the floor of the nose below the object, and on angulating it upwards the foreign body is squeezed out.

Rhinoliths. In the course of time a foreign body in the nose may become encrusted with calcium salts. This may lead, years after the initial insertion, to a mass in the nose which can only be removed piecemeal.

Foreign bodies in the Pharynx and Oesophagus. When, as the result of disease, the œsophagus has a narrowed lumen, a bolus of food may impact, causing absolute dysphagia. In the normal œsophagus, the foreign body, to become impacted must be either large or pointed. The commonest large object found in the pharynx of sane adults is a denture. Children have a peculiar tendency to swallow coins, which always lodge in the coronal plane, very often at the thoracic inlet. This gives a typical radiological picture, useful for differentiating these cases from those with objects in the air passages. Sharp objects lodging in the œsophagus include meat bones, commonly from stewed neck of mutton, rabbit or chicken. Fish (particularly plaice) bones tend to bury themselves in the pharynx, often leaving only a protruding tip. Mr. Reading has pointed out the frequency with which impacted bones are found in patients with upper dentures.

Diagnosis: The history is usually significant, the patient's localisation of the site of impaction being extremely accurate. If there is any delay in the patient presenting himself, pain becomes an increasingly prominent feature. The pharynx must be carefully examined with a head-mirror and tongue depressor. Rapid digital palpation of the pharyngeal walls may reveal buried objects which are invisible. X-rays are essential in all cases.

Time will not permit detailed discussions of treatment but nowadays this is always by peroral endoscopy.

Consideration of the complications of œsophageal foreign bodies and of foreign bodies in the lower air passages must wait for another occasion.

Obituary

H. M. M. WOODWARD, M.R.C.S., L.R.C.P.

MANY who were at Guy's from 1900 to 1904 will regret to hear of the death of Dr. H. M. Woodward, " Woody " as he was known to all his friends.

On entering Guy's he was already through the 2nd M.B. at Oxford and went straight to the wards, but his health broke down and he had to give up all ideas of higher examinations and qualified M.R.C.S., L.R.C.P.

He was advised not to go in for general practice and was appointed Resident House Surgeon to St. John's Hospital, Lewisham, where he remained on the staff for the next 38 years. With Dr. Ofenheim, St. John's great benefactor, Woodward organised an efficient pathological and bacteriological service which not only provided for the requirements of St. John's but later on for the Borough of Lewisham Public Health Committee and for the Lewisham Hospital.

In 1935, Dr. Ofenheim died and Dr. Woodward carried on alone, remaining at Blackheath throughout the two wars.

Woodward was keenly interested in art and literature and was eagerly sought after when amateur theatricals were held in the Hospital, in fact he was no mean actor and no doubt could have obtained his living on the stage had it been necessary. Again he was always in great request at the Hospital's smoking concerts, mimicry being his chief forte.

Many may remember him in a sketch written by himself called " Tariff Reform," when he took off Mr. Joseph Chamberlain, holding a huge cod fish in one hand to represent the gain for this country if the Act passed and a sprat in the other hand if it did not. Another favourite of his was performing as a tipster on a race course dressed in a jockey cap and selling all the winners on the card, for a shilling.

Dr. Woodward's teaching had that cheerful tone so that nothing was dull, even the testing of urines being compared to the " vintage ports " and " Drier Wines."

Woodward seemed to be sent into this world to help and cheer others who recognised his talents and also his courage. We all extend our very real sympathy to Mrs. Woodward who nursed him through so many illnesses.

J.C.O.B.

Appreciation

Dr. J. H. RYFFEL.

FEW records of service to Guy's can surpass that of Dr. J. H. Ryffel who, at the close of the year and on the appointment of Professor Thompson in charge of the new Department of Chemical Pathology, had truly earned an honourable retirement.

Ryffel came to us from Cambridge thirty-six years ago, in Dr. Wade's day, as Demonstrator of Chemistry, being introduced by Gowland Hopkins and having as part of his first duties the demonstration to M.B. students of tests for poisons and the examination of a certain amount of ward material. This early clinical linkage induced him to take up medicine and, working in what spare time there was, he qualified in 1908. A year earlier he had already migrated to the Physiology Department where, acting as demonstrator under Pembury he was contemporary with Laidlaw, Kennaway and E. P. Poulton. A few years later, after he had taken part in Barcroft's expedition to Monte Rosa for the study of mountain sickness, Ryffel's chance of a staff appointment arrived. In 1912 Boycott vacated the old Gordon laboratory and Ryffel became Chemical Pathologist to the hospital with use of this laboratory, the title being later changed to Clinical Chemist and Gordon Lecturer. It is interesting to note that in the same year Nicholson had been appointed Morbid Histologist to the hospital, so that two figures so well-known for years to all Guy's men actually came together on the staff about the same time, namely, just before the first of the world wars. These were days of rapid development in the scope of the medical laboratory. Even blood urea estimations had until then been considered fanciful and confusing. Ryffel and Herbert French were among the first to clear the air, Ambard and his co-workers in Paris completing the task. Even blood sugar estimations had been considered too laborious. Then suddenly the Maclean and the Folin and Wu methods arrived. One quotes these landmarks as indicating why the work in Ryffel's laboratory increased by leaps and bounds. Routine test meals became the custom, followed in rapid succession by many more of the chemical investigations which are commonplace to-day.

It is not surprising that the then Clinicals and House Officers soon found themselves faced with more and more laboratory work and, out of hours, with no one but themselves to do it. Many who held such posts in those days will be truly thankful to Ryffel for his help and for the readiness with which he put the resources of his personal laboratory at their disposal. A few years after the war the situation was eased by the institution at Stokes' suggestion of the Clinical Laboratory at the top of Hunt's House with Knott in charge but even so, Ryffel's own department went on expanding until in 1937 it was handling over 10,000 specimens annually. One interesting, rather unexpected phase of Ryffel's work concerns blood transfusion; he was, in fact, the first to give citrated blood in Guy's. Geoffrey Marshall's extensive war-time experience of the Kimpton method interested Ryffel in the new idea of citration. Many will remember the rather alarming apparatus he produced. But it worked and the citrate method was early established in our hospital.

This brief sketch of Ryffel's development as Clinical Chemist covers only one half of his activities. The other, equally important, concerns forensic medicine in which sphere he is perhaps even better known. On the death of Sir Thomas Stevenson, the Guy's lectureship in that subject was divided between Ryffel and Herbert French. The latter ultimately resigned and after a few years Keith Simpson, now lecturer, was appointed assistant. It was during this time that Ryffel became an Analyst to the Home Office, an appointment which he will continue to hold. This is a point of special interest to his many friends at Guy's because it will still bring him on occasions to the hospital, the Governors having given permission for him to use a bench in the new Department of Clinical Pathology whenever he has special Home Office cases to handle. And so, although we have to announce his retirement, we at Guy's do not say good-bye either to Ryffel or to his charming wife whom, as Miss Anne Vaughan Parry, he married in 1929 bringing to us one of our most efficient organisers of social functions and, as an example, many will recall with delight the tennis tournaments which she and her husband used to arrange sometimes at H.O.P. and sometimes at their attractive home in Chipstead. We wish them both all happiness in the days to come and would again express the general pleasure that Ryffel's wide experience and ripe judgment will still be available during the difficult transitions just ahead.

Correspondence

"The Dean's Reply"

SIR,—There's something wrong with the Old School, thinks the Editor of the *Gazette*. "The spirit of the Hospital must change. There must be far less regimentation and far more informality. An interest in and a sense of duty towards the Hospital must be encouraged. The importance of a general education must be stressed. Every effort made to broaden the students' outlook. More attention must be paid to such vital matters as politeness . . . personal tidiness . . . cleanliness. These and many other matters need attention."

This appeal against regimentation has to some of us a familiar regimental ring. The Editor thinks hardly of his School, his teachers and his fellow students. I have heard good and bad things said about students during the war years; I can only speak of students as I found them when I returned to Guy's. I have not noticed them to show any lack of politeness to the staff or patients, their personal tidiness and cleanliness seem to me perfectly compatible with self respect, clothing coupons and the usage and customs of a free country. A "bedside manner" should only be good manners. The example and practice of good manners seems to me not foreign to the staff and students. It is true that I find them no more liable to discuss Existentialism, Atonality, Braque or Ernst, than they were before the war, or corresponding subjects before the first war for the matter of that, but a readiness to be vocal about Art, Music and Literature, at the drop of the hat, is not necessarily the hallmark of intelligence or culture.

What is this sinister new post-war policy implemented by the "zealous" familiars of the unholy "Office." Apparently it is directed against the "University plan" which "leaves to the individual to choose his own way of learning the subject." Unfortunately, the actual plan of this University and others is not so simple and it is to enable the student to complete his schedules and thread his way through the intricacies of the University curriculum that the zeal of Mr. Winston and his three lieutenants is shown. They have performed this task and that of helping students in their personal difficulties and in many other matters for an aggregate number of 103 years out of a total life of 176 years with great ability and good feeling which have deservedly earned them the good will and happy recollections of thousands of Guy's men.

There are no more lectures compulsory now than there were before the war, and only those lectures are compulsory which are prescribed by the various faculties. There has been since the war a great increase of surgical and medical combined rounds and clinical pathological meetings and discussions and also demonstrations in many specialist departments. It is true that many of these hardly existed before the war but none of them are compulsory. If the teaching is so dull, why are they always so well attended? I am revealing no decanal secrets when I say that no one is refused a schedule because of his poor attendance at clinical lectures and yet they are crowded every week. I do not believe that there is a single teacher, senior or junior, who teaches only with an eye to any examinations except the many teachers who give up their own time voluntarily to run revision classes for the various examinations.

I believe that the Editor of the *Gazette* was talking through his hat but there may be somewhat muffled sense talked even in this unrewarding form of communication, and I believe there is some danger of there being too many voluntary lectures given; but, if there is such a danger, it arises from the possibly unbridled but surely desirable enthusiasm of the teachers themselves and not on account of any deliberate policy on the part of the Dean or the School Council who have to steer between the hypothetical mean of those whose idea of education is that of Mr. Squeers, ("Where's the first boy?" "Please, sir, he's cleaning the back parlour window," said the temporary head of the philosophical class. "So he is, to be sure." "We go upon the practical mode of teaching, Nickleby; the regular education system. C-l-e-a-n, clean, verb active, to make bright, to scour. W-i-n, win, d-e-r, der, winder, a casement. When the boy knows this out of book, he goes and does it. . . . "B-o-t, bot, t-i-n, tin, bottin, n-e-y, ney, bottiney, noun substantive, a knowledge of plants. When he has learned that bottiney means a knowledge of plants, he goes and knows 'em. That's our system.") and those who think that anything less than a hundred lectures on their pet subject would be a betrayal of a divine trust.

We would all be the better if we had more opportunity and time for the pursuit of the Arts but it seems a little unfair to blame the School which commands only a relatively small part of a student's life and which can only sit blushing with the Editor if some students prefer Poker to Picasso or Beer to the Bard.

The Editor promises us a pretty dim future as doctors and as a Teaching School unless we look pretty sharp, but I don't believe we need be so pessimistic. Guy's students have never been as good as they used to be but if Guy's used to turn out a pretty useful sort of general practitioner as well as good Physicians and Surgeons, I think Guy's will continue to do so and I don't believe the present product will be unworthy of their fathers. Guy's is too young a School to keep looking back over its shoulder at the past but can look forward with hope and confidence to the future.

Yours etc.,

The Medical School,
Guy's Hospital, S.E.1.

E. R. BOLAND.

"But——!"

SIR,—Passim is to be congratulated on his article in the current issue of the *Gazette*. This explains the reason that in these days it is so difficult to find a good assistant, with which one has anything in common other than one's profession. In this district assistants flow in and out like the tide, not because of their lack of professional ability, but because of their narrowness of outlook and inability "to get on" in any company; due largely to the school atmosphere rather than the University outlook.

It is to be hoped that this excellent article will find recognition in the right quarter, before it is too late.

Yours, etc.,

4, Overcliffe,
Gravesend.

F. T. WILKINSON,
L.D.S., R.C.S.,

Brachial Plexus Compression.

SIR,—May I express my thanks to Mr. Nicholas for his excellent review of the causes and treatment of compression of the lower trunk of the brachial plexus. This subject is dealt with very inadequately in the standard text books and one finds it necessary to search out numerous copies of surgical journals to make a proper study of the subject.

Mr. Nicholas made one omission in not mentioning the recent work of Telford and his co-workers on costo-clavicular compression. As far as I recollect they concluded that costo-clavicular compression, if it existed, was very rare and

further, that cases so diagnosed were possibly caused by a scissor-like compression of the axillary artery by the two heads of the median nerve. Perhaps this work has since been disproved?

Mr. Nicholas, in describing upper thoracic sympathectomy, advocates exision of the second and third ganglia. Does this mean that the theory of adrenaline hypersensitivity following ganglionectomy has been abandoned? I was taught that division of the cervical chain below the third ganglion, division of the preganglionic fibres from Th. 2 and 3 with preservation of Kuntz's nerve from the second ganglion to the lower trunk was the operation of choice.

Yours, etc.,

20, Hurst View Road,
South Croydon.

D. T. H. PAINE, M.B.

House Appointments

FEBRUARY 1ST TO APRIL 30TH, 1948.

GUY'S.

ASSISTANT HOUSE SURGEONS.

To Mr. Slesinger and Mr. Brock
" Sir H. Ogilvie and Mr. Atkins
" Mr. Massie and Mr. Wass
" Mr. Eckhoff and Mr. Blackburn

Mr. I. Kelsey Fry
Mr. J. H. Inskip
Mr. D. C. Turk
Mr. B. W. Cole
} *New Appointments*

OUT-PATIENT OFFICERS.

Mr. R. D. C. Hart
Mr. J. V. Kilby
Mr. G. F. Vaughan
Mr. J. H. Baylis
} *Reappointments.*

HOUSE SURGEONS.

To Mr. Slesinger and Mr. Brock
" Sir H. Ogilvie and Mr. Atkins
" Mr. Massie and Mr. Wass
" Mr. Eckhoff and Mr. Blackburn

Mr. B. V. McEvedy
Mr. A. G. Parks
Mr. J. G. Stebbing
Mr. E. A. Williams*
} *Reappointments.*

HOUSE PHYSICIANS.

To Sir J. Conybeare and Dr. Hardwick — Mr. N. B. Finter, Mr. J. L. Moffatt — *Reappointments.*

" Dr. Campbell and Dr. Hampson — Mr. E. A. Wright*, Mr. J. K. Morgan* — *New Appointments.*

" Dr. Douthwaite and Dr. Mann — Mr. I. S. Eve*, Mr. F. R. M. Young* — *New Appointment*

" Dr. Boland and Dr. Baker — Mr. J. R. Trounce*, Mr. T. E. Oppe — *Reappointments.*

RESIDENT OBSTETRICIANS.

March 1st—May 31st, 1948 — Mr. H. F. Hills* — *New Appointment.*

March 1st—May 31st, 1948
April 1at—June 30th, 1948
Mr. J. M. Hall
Mr. V. Y. Bockner*
} *Reappointments.*

CHILDREN'S HOUSE PHYSICIAN.

Mr. G. E. McFall* — *Reappointment.*
Mr. D. Q. Trounce* — *New Appointment.*

NEUROLOGICAL HOUSE PHYSICIAN.

Mr. D. R. S. Saunders* — *Reappointment.*

RESIDENT PATHOLOGIST.

Mr. D. R. C. Willcox* — *New Appointment.*

THROAT AND EAR HOUSE SURGEON.

Mr. M. D. M. Bowen — *New Appointment.*

DERMATOLOGICAL HOUSE PHYSICIAN.

Mr. I. S. Hodgson-Janes* — *Reappointment.*

OPHTHALMIC HOUSE SURGEON.

Mr. G. James — *New Appointment.*

FRACTURE HOUSE SURGEON.

Mr. P. F. E. Brown* — *Reappointment.*

* Ex-Service Medical Officer.

ORPINGTON.

Ear and Throat House Surgeon, Mr. R. L. Timms

PEMBURY.

House Surgeon, Mr. P. R. M. Scales
House Physician, Mr. M. B. King

JOYCE GREEN.

Orthopædic and General House Surgeon, Mr. P. H. Bright

SOUTHERN.

General Duty House Officer, Mr. J. D. Scott

All New Appointments.

Reviews

Surgery. A Textbook for Students. By CHARLES AUBREY PANNETT. 2nd Edn. Hodder and Stoughton. *Price* 27*s.* 6*d.*

THIS is the second edition of a students' textbook by the Professor of Surgery at St. Mary's Hospital. The first edition may already be known to many.

At first sight the book may appear too superficial. The most difficult task a teacher can set himself is to write a book. How much to put in, how much to leave out? One might, for example, have expected a long dissertation on penicillin. The subject is covered in one page, but as one studies it one finds the essential information present, stated clearly and succinctly. So it is with other sections. I thought the chapters on neurological surgery and on chest surgery more instructive than in many other books. As in any textbook one finds statements that are arguable. The main theme is, however, generally acceptable, and the book can be considered a reasonable presentation for the undergraduate.

The illustrations are the author's own diagrams. In some instances photographs might have been better.

It is surprising to find spelling mistakes, especially when these are extended to proper names.

N.L.E.

Hey Groves' Synopsis of Surgery. Edited by Sir CECIL P. G. WAKELEY. 13th Edn. John Wright. *Price* 25*s.*

IT is almost an aphorism of note-taking that whereas one's own notes are lucid, concise, and comprehensive, those borrowed from a friend seem hardly worthy of perusal. With pleasure one finds a book written in note form that more than fulfils one's expectations.

It has of necessity the disadvantages of any book that attempts to produce the salient facts of surgery in six hundred small pages. Even though some previous knowledge of surgery is presumed, the reader will have occasionally to augment a brief statement by reference to a more detailed work. Again, his previous experience will enable him to review the dogmatic teaching critically.

However, this synopsis well fills its allotted place by concisely marshalling the basic principles and essential orthodoxy of surgery for final year students, house-surgeons and busy practitioners.

Mention should be made of the arrangement of headings and type, which enable the reader rapidly to scan the pages and select the sections he wishes to read.

A.J.D.

Surgical Applied Anatomy. By Sir FREDERICK TREVES. 11th Edn. Revised by Professor LAMBERT ROGERS. Cassell. *Price* 20*s.*

IN revising the Eleventh Edition of this well-known book, Professor Lambert Rogers has produced a modern account of the applications of Anatomy to surgical practice. He has also fulfilled Treve's conception, as outlined in the original preface of 1883, of the method of teaching practical anatomy. The text is easy to read and the numerous illustrations are good and clear. It is a minor criticism that some small sections need further revision to bring them up to date—particularly the anatomy of the anal canal in relation to fistulæ, the illustrations of the mechanics of fractures about the ankle joint and the account of the anatomy of the sympathetic nervous system.

The book is intended mainly for students preparing for the final examination in surgery and for this purpose it can be thoroughly recommended.

S.H.W.

Textbook of Surgical Treatment, including Operative Surgery. Edited by C. F. W. ILLINGWORTH. 3rd Edn. Livingstone. *Price* 32*s.* 6*d.*

THIS book, little used at Guy's, is compiled by twenty-one, mainly Scottish, contributors. It is nicely produced, well illustrated, and the text must be considered as authentic on account of the well-known names subscribing to it. Nevertheless, even in these enlightened times, the views held North of the Tweed, it would appear, differ in no small way from the views held South of the Thames, and as most of the examiners in the final examinations, for better or for worse, come from the latter, or near the latter, zone, it should be read with care by candidates trying to qualify. For post-graduates it is refreshingly candid and easy to read and find one's way about.

Short Textbook of Surgery. By C. F. W. ILLINGWORTH. 4th Edn. Churchill. *Price* 30*s.*

WHEREAS treatment varies from place to place, diagnosis, depending on symptoms and signs, is much the same the world over. Consequently this book is far more suitable for the Guy's undergraduate than the preceding one. It is well set out, clear in its exposition, and very well illustrated indeed. In fact the illustrations show more clearly the points they are intended to display than any other textbook the reviewer has seen, and as an aid to learning many will find this a consideration which alone justifies keeping the book handy.

Brompton Hospital Reports. Vol. XV. 1946. Published by the Brompton Hospital. *Price* 10*s.*

THIS beautifully produced volume contains, amongst other articles, the following:—Carcinoma of The Bronchus, by Tudor Edwards; Spontaneous Perforation of The Œsophagus, by N. R. Barrett, and papers on The Detection of Tubercle Bacilli by The Fluorescine Technique, The Segments of The Lungs, A Tribute to John Snow, and Judgment in Medicine.

Surgical Note Taking. By CHARLES F. M. SAINT. 4th Edn. Lewis. Pp. 106. *Price* 4*s.* 6*d.*

A MOST excellent booklet for ward clerks and dressers, clearly layed out. Some profitable evenings might be spent reading through the exemplary case notes and making spot diagnoses.

Sport

HOCKEY

GUY'S *v.* ROYAL HORSE ARTILLERY
at H.O.P. Won 9—0.
14th January, 1948.

The game started with each side having ten men, R.H.A. playing with one of our men. The advantage lay throughout with Guy's. The defence was never seriously tested; the success of the forwards was mainly due to quick passing.

GUY'S *v.* HENDON H.C.
at H.O.P. Won 4—1.
17th January, 1948.

What promised to be a wet and sticky game began quickly, with Guy's scoring the first goal, whilst Hendon were playing with ten men. Within five minutes of the start Hendon had a full team and the rain stopped. Quick passing and keen tackling resulted in a score of 3—1 at half-time. Shortly after the commencement of the second half, Danford checked a Hendon attack and cleared. Kelsey Fry ran across the field to take the ball from an opponent and attack on the left side of the field; the defence was drawn, leaving Hodson, the right wing, unmarked and ready. He took the waist high pass that came from Kelsey Fry, and had only a few paces to run before scoring the goal that capped one of the best movements of the season.

The umpires, by ignoring such fouls as are unavoidable on a heavy pitch contributed to a very enjoyable game.

ASSOCIATION FOOTBALL

GUY'S *v.* HENDON POLICE COLLEGE
at Hendon. Won 7—2.
14th January, 1948.

With 5 of the regular team away representing United Hospitals, it was with many misgivings that the soccer team went down to Hendon to take on the usual rugged team of detectives. Within a few minutes of the start, the police had literally overcome us by sheer weight, resulting in one up for the coppers. From then on, youth and superior speed told, on the heaviest ground experienced this season. The forward line worked like a machine. Both Merrill and Bailey on the wings made lightning raids and gave Skaith, at centre, many opportunities which he made no mistake about. Merrill hit the upright twice, and on a third occasion saw his shot actually rebound from the backboard inside the goal. Skaith netted six times, each goal resulting from a succession of intricate passes, initiated usually by Fearn at inside forward and Hole his partner.

Leckie had a very good game at centre half, making only one blunder which gave the police their second goal. Parsons, the 'A' team goalkeeper, displayed unusual ability but will surely injure himself if he continues to fling himself down at the feet of advancing forwards in such a reckless manner. As it was, it must be said that, for policemen, our opponents and the referee seemed to know or care little about rules concerning treatment of goalkeepers. Parsons would be well advised to defend himself with equal vigour in future. Westgate at left back wrecked havoc and seemed to be the only one of us who could over-turn these police forwards, who, I'm sure, must have been nurtured on rugger.

A very enjoyable game it was, followed by an amusing and macabre conducted tour of the Police College Museum, organised by our own Mr. Ireland.

GUY'S *v.* SOUTHAMPTON UNIVERSITY
at Southampton. Won 6—2.
17th January, 1948.

This must be called Skaith's week, for having scored six goals on Wednesday *v.* Hendon Police College, he repeated the performance *v.* Southampton University the following Saturday, and in so doing helped Guy's to put up their best performance to date this season, and also avenge a 3—2 defeat at the hands of Southampton last November at H.O.P.

Guy's were once again slow starters, and for the first half hour were hard pressed to keep their goal intact against a forwatd line which combined beautifully. Whitaker, who had a busy time, was unfortunate when a fine save from short range rebounded from the cross-bar, and was forced home by the opposing right winger. He was beaten again shortly afterwards, but Westgate, standing on the goal line, headed clear. Guy's made some spasmodic raids during the latter part of the first half, but when the interval came, considered themselves to have done well in keeping the score to 1—0 against. The second half commenced rather as the first, but Skaith, by sheer perseverence and persistence in chasing half chances, scored two quick goals. These put Guy's on their feet and wing halves, Swift and Matthews, who had been forced to defend stoutly, now saw the opportunity to maintain this advantage by attacking as well. The forwards with this support clicked into gear and provided Skaith with three more opportunities which he readily accepted. Southampton were by no means out of the picture, and reduced the deficit with a goal from their inside right. Skaith, however, restored the advantage by a brilliant first time volley from a cross by Fearn, and this total might have been further increased had not Holloway's penalty been brilliantly saved.

Guy's finished worthy winners, although injustice was done to Southampton's good football by the big defeat of 6—2.

Congratulations, Skaith.

GUY'S *v.* READING UNIVERSITY
at Reading. Lost 0—4.
21st January, 1948.

Guy's met their match against a strong Reading University XI, and were well beaten by 4 goals to nil. They also lost their record of having scored in every game.

Territorially Guy's had as much of the play as their opponents, but Reading had three strong, fast forwards who were a constant menace to the Guy's rearguard, and all four goals came from the centre-forward following breakaways. Guy's tried hard to the end, but the ball was not running kindly for them, and it seemed that a more open type of game would have paid better dividends on a heavy pitch against robust, quick tackling opponents.

GUY'S *v.* ST. MARY'S HOSPITAL
at H.O.P. Won 3—1.
24th January, 1948.

Guy's were strengthened for the game *v.* St. Mary's by the return of Westgate and Lewis although Skipper Riches was absent. His position at centre-half was taken by Leckie who also took over the captaincy.

Guy's were well on top from the start, and although they lacked snap in their play, the result was never really in doubt. Half-way through the first-half Fearn at right wing collected a long pass, and ran on to beat the advancing goalkeeper with a cleverly lobbed shot, and Guy's led by this goal at the interval. Early in the second half play became ragged, and Guy's played as if quite content to hold on to their slender lead. They were, however, shaken out of their apathy by an unexpected equaliser. Thereafter, they exhibited much more devil and two goals by Sturdy put the result beyond doubt. It was only grand work by the Mary's keeper who covered himself with glory (and a lot of mud) that prevented Guy's running up a much bigger score.

Hospital Information, etc.

NOTICES

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1

Applications are invited for the post of Surgical Registrar or Assistant in the Department of Thoracic Surgery at Guy's Hospital. Previous experience in thoracic surgery is desirable. Salary on the scale £600–£750 per annum or, in the case of a candidate with exceptional qualifications, £750–£1,000 per annum. Form of application obtainable from the Dean, Guy's Hospital Medical School, should be lodged, together with the names of three references, not later than 19th February, 1948.

GUY'S HOSPITAL STUDENTS' UNION

presents, from February 3rd to February 7th, "Over to You," a revue, in the Physiology Theatre, Guy's Hospital Medical School. Each performance starts at 7.30 p.m. Tickets available from the Students' Union Office, Old Pathology Block.

PASS LIST

UNIVERSITY OF LONDON.

SECOND EXAMINATION IN DENTAL SURGERY.

December, 1947.

Part I.

Old Regulations.

D. R. Boswell

New Regulations.

D. M. J. Lyons — K. F. C. Muncey
H. W. Powell

Part II.

Old Regulations.

W. J. Bailey — J. H. Keeling
D. R. Boswell — P. J. A. Lawrence
A. L. Giralianottie — P. B. Morris
P. R. Grimer

New Regulations.

P. J. Holloway — B. E. Lawson
R. Marx

THIRD (B.D.S.) EXAMINATION IN DENTAL SURGERY.

December, 1947.

Honours.

W. J. Tulley

Distinguished in Pathology and Bacteriology and Operative Dental Surgery.

Pass.

J. L. Attenborough — L. G. Richards
J. B. Harris — P. H. Smith
H. M. Hughes

Supplementary Pass List.

The following Student has passed in Group II.

R. L. Leader

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

D.P.M.

E. S. Foote — H. E. W. Hardenburg

D.L.O.

B. H. Pickard

D.A.

D. M. Carnegie — D. H. Irish
A. Danin — L. Rendell-Baker
C. H. Dunn — D. S. Wilson
A. M. Hutton

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Examiners.

The following Guy's men have been elected to the Council:

R. V. Bradlaw — M. A. Rushton

For the Final Examination Dental Surgery:

R. V. Bradlaw — W. Kelsey Fry

For the Licence in Dental Surgery:

G. T. Hankey — F. S. Warner

APPOINTMENTS

D. J. R. Snow, M.R.C.S., L.R.C.P., has been appointed Medical Officer Government of Western Australia.

Dr. Max Honigsberger has been appointed Honorary Physician to Midland Hospital, Birmingham.

ORDER OF ST. JOHN OF JERUSALEM.

Promotions and Appointments.

As Commander (Brother): E. S. Bowes

As Officers (Brothers): F. H. Edwards, D. M. MacManus.

PAPERS BY GUY'S MEN

Bradley, W. H. Cause of the Common Cold. *Pharm. J.*, 1948, **160,** 41.

Campbell, Maurice, and Suzman, S. Coarctation of the Aorta. *Brit. Heart J.*, 1949, **9,** 185.

L. P. R. Fourman, and Another. Absorption of Vitamin D in Steatorrhœa. *Brit. Med. J.*, 1948, i, 142.

Harding, H. E., and Others. Experimental Production of X-Ray Shadows in the Lungs by Inhalation of Industrial Dusts. I. Iron oxide. *Brit. J. Indust. Med.*, 1947, **4,** 223.

Harding, H. E., and Another. Argyro-siderosis of the Lungs in Silver Finishers. *Brit. J. Indust. Med.*, 1947, **4,** 225.

Northfield, D. W. C. Brain Abscess. *Brit. Encyclop. Med. Pract., Interim Suppl., No.* 64, January, 1948.

Pearson, R. S. Bruce. Treatment of Conditions associated with Urgent Dyspnœa. *Med. Pr.*, 1948, **219,** 28.

CHANGE OF ADDRESS

Sol. M. Cohen, F.R.C.S., 12, Devonshire Street, W.1., and 5, De Walden Street, W.1. (Tel. Nos.: Welbeck 1201 and 9474.)

R. U. F. Kynaston, M.B., B.S., 17, Recreation Road, Stowmarket, Suffolk.

G. A. Missen, Lt. R.A.M.C., Britiah Military Hospital, Hong Kong.

D. J. R. Snow, M.R.C.S., L.R.C.P., c/o National Bank of Australasia, St. George's Terrace, Perth, W. Australia.

H. C. Still, M.B., B.Ch., 16, Tupper Grove, Halifax, N.S. Canada.

BIRTHS

KEDGE.—On January 7th, 1948, at Netherwood Maternity Hospital, Solihull, Warwickshire, to Janet (née Summers), wife of Robert W. Markwick Kedge—a son (Peter Nicholas Markwick).

REES.—On December 29th, 1947, at Farnborough County Hospital, to Kathleen (née Harris), wife of R. J. W. Rees, M.B., B.S.—a daughter (Hazel).

STILL.—On December 24th, 1947, at the Halifax Infirmary, to Helen (née Mackissock), wife of Dr. Hereford Still—a daughter (Susan Margaret).

MARRIAGES

JACK—MARRIS.—On October 27th, 1947, in India, Allan I. Jack, Allahabad Bank, Ltd., Calcutta, to M. Préma Marris, S.R.N., S.C.M.

DOWNES—DURRANT.—On December 14th, 1947, at Costessey, Norfolk, G. W. Downes, M.R.C.S., L.R.C.P., to Peggy Zillwood Durrant.

DEATHS

WOODWARD.—On January 2nd, 1948, Henry Martin M. Woodward, M.A., M.R.C.S., L.R.C.P. of Oakcroft Road, S.E.13.

Eds. { H.A.R. / R.A.K-E

GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

PUBLISHED FORTNIGHTLY

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PASSIM

THE three major post-war problems of Britain have been housing, demobilisation and food, and all three have had their effects on our life at the hospital. The degree to which they have been solved in the country to-day is debatable, and to discuss it would envolve entering on a most delicate political discussion, but few would disagree when we state that here at Guy's they have been handled in an exemplary manner.

When large numbers have to be catered for, complaints about food are only to be expected, but with the food situation what it is to-day some degree of dissatisfaction is inevitable. It is therefore all the more remarkable that whereas six months ago no one appeared to be satisfied, the converse is now the case. This change of opinion has been largely due to the practical manner in which the authorities have approached the problem, for by providing a restaurant where good meals can be had in comfort, as well as a cafeteria, where adequate and cheap meals can be obtained, they have conciliated, if not satisfied, all sections of the community. We have no hesitation in saying that, taken by and large, the students here are as well fed as in any other hospital, and considerably better fed than many.

The housing problem has proved, if anything, more complex, for bomb damage effectively removed many sites that were traditionally let to students. However, by equipping three hostels, the Medical School has made it possible for the majority of clinical students to be near their work. This close proximity to the hospital has proved a great convenience to many, and it is not until one meets individuals less fortunately placed (frequently from other hospitals) that one fully appreciates the difference between a five minute walk and a thirty-five minute train journey.

It was one of the paradoxes of the war, that in spite of the fact that Guy's was split up into a number of sectors, students were then on much more familiar terms with each other than they are now. As a result of the evacuation of the preclinicals to Tunbridge Wells, 1st M.B., 2nd M.B. and Dental Students were all thrown together, with the result that one met individuals who one would have never encountered in the ordinary run of events. Here at Guy's, in spite of the fact that all sections of the hospital and medical school are together, there is a surprising lack of corporate activities. Apart from sport, there is little if any contact between 2nd M.B. students and those in the wards, or between the Dental School and the rest of the hospital. In fact it is by no means uncommon to meet someone outside the hospital, only to discover as being introduced, that they have been at Guy's for the last two years. This state of affairs was more understandable before the war, because then the discrepancies in age and outlook between the clinicals and non-clinicals was more apparent. Nowadays, however, the pendulum has swung the other way. Each term a large quota of the new students are ex-service, and as a result of their greater age and wider experience of the world, their outlook is frequently more mature than that of the student who has lived a more sheltered life at Guy's. In these circumstances it is obviously mutually advantageous that communal activities embracing all sections of the hospital should be encouraged. This is indeed so in the case of sport, and it can be justly claimed that teams representing the hospital are truly representative. In other fields the oft maligned Student's Union has been doing its best, particularly by organising dances at frequent intervals, and by getting various speakers to come and give lectures on both medical and non-medical topics. But there is still much to be done, and it is to be hoped that the next few years will see the renaissance of such dormant structures as the debating society, and the building of a clubroom more commensurate with the number of students who use it.

WE report, with regret, the death of Mr. William Wale. He will be remembered as Wills librarian from July, 1911, until August, 1914, when he retired. He compiled

a useful list of books by Guy's men, as well as a dictionary of quotations, entitled "What Great Men Have Said About Great Men."

WE apologise for a printer's error which resulted in the issue of January 17th being numbered 1552 instead of No. 1553.

Hippocracy—1960 Version

I FOUND myself drifting toward the party in the middle of the corridor—they were my friends: Charters was speaking. "It's pretty sticky this time; I'm told old Stratton had a rough time of it—he was hoping to get Pendleton's job." "Yes, they say the only reason Campion didn't get it last time was because of his Admin.—and Blake was ploughed—that meant all Group I again, and you know what his Path's like. I only hope the poor devil gets it this time." Being my first time up, I didn't fancy it much either. The ting of a bell. The door opposite suddenly opened with a click. In the course of years I had become a little used to it, but the sickening feeling still got hold of me. Radnall came out looking like a whipped dog, and the eager throng of questioners were soon upon him. I just waited. It came: the face round the edge of the door, then—"Number forty-three," in a quiet leering manner. I entered and sat down opposite the two members of the examining body. My Medicine hadn't been too bad; my Surgery passable—if only I could get the Admin. as well. The older of the two men, bespectacled, slightly bald, and sporting a blue pin-stripe, opened the ordeal. "Tell me, now, supposing there had been a motor-car accident involving a motor vehicle and a pedestrian, in which injuries were incurred, what precautions would you take?" It was up my street, and I let him have it as per text book. "I would ascertain," I replied, "whether the vehicle involved was a civilian or Government vehicle, and, in the former case, whether the driver's licence was in order, and in the latter whether the driver was in possession of a Form 758, entitling him to be in control of the vehicle in question." "Quite so, and what is the significance of this?" "If the driver is not authorised to drive the vehicle then, in the event of the injury, he will not be entitled to disability pension, and in the event of injury to other parties, he will be expected to bear costs of such allowances." "Good, good; now, in your answer to question 4 in the paper, you state that 'wherever possible a claim is to be entered for a disability pension on behalf of a patient'—where 'necessary' is the correct interpretation of the Act, otherwise your paper was quite good." I was feeling better now. "And in the event of an accident, what Form is to be submitted?" "Form 24H," I replied, "within twenty-four hours"—"and, of course, in Triplicate," rejoined the junior man, with obvious relish: the senior examiner nodded his approval.

"And what do you know of the 'Weekly return of Treatment?'" he continued. That was a bit of luck—"This, I said, is a statistical return of all patients during a week ending 23.59 hours on Friday, and indicated the length of time any patient has been detained in bed, the total man-hours sacrificed, and the individuals' gross rate of pay. In the case of patients being allowed off work more than three days, a complete statement will be attached, setting out in full the reasons for such a decision. In the case of Schoolchildren, a separate Form 760A. will be prepared, in triplicate, one copy being sent to the Regional Education Officer." I was doing very well.

"Now my colleague would like to ask you a few questions." The younger man leant forward, obviously eager: "How do you arrange for the night treatment of your seriously ill patients," he asked. "Form 3261b is made out in triplicate, one copy being filed, the other two are handed to the Duty Medical Officer, who sees that the patients visited sign them: one copy is returned and the other sent to the Regional Medical Officer." Not a slip so far. "We will suppose," he went on, "that you are in charge of a Health Centre—how do you arrange for your stores?" "On Forms, 1290C, of which six copies are made of each section concerned, one being filed, the others being, in the first place, sent to the Regional Medical Officer; thereafter——" Ting! The bell went again. "That will be all." They actually beamed! I came outside feeling wonderful. I would almost be sure to get the Senior House job at St. Garth's now!

I felt someone pulling at my sleeve. "Excuse me, Sir—you've been dozin this past half hour." Uh! what is it? "Its the S.M.O., he wants to know if you've got those Inoculation returns ready yet—they're due to go to H.Q. tomorrow."

H.S.M.C.

Cyanosis and Morbus Cœruleus

A Clinical Lecture delivered at Guy's Hospital on Friday, October 31st, 1947.

By MAURICE CAMPBELL, O.B.E., M.D., F.R.C.P., Physician to Guy's Hospital.

NEARLY two hundred years ago Senac (1749) and Morgagni (1761) described two of the first cases in which the association of obvious blueness with congenital heart disease was recognized, and in so doing started a controversy that went on for a long time. In one the main feature of the heart post-mortem was the lack of a septum between the two ventricles so that there could be mixing of the venous and arterial blood; and in the other pulmonary stenosis was the main feature, and the ventricular septal defect was either absent or not much emphasised. This controversy continued because cases were recorded at intervals in whieh there were large ventricular septal defects without cyanosis, and others in which there was cyanosis without the septal defects.

Early in the nineteenth century the great French cardiologist, Corvisart (1818), pointed out that the presence of a defect in the septum was not enough to cause cyanosis; there must also be a rise of pressure on the right side so that blood flowed from right to left, instead of from left to right. Really at that stage the controversy was insoluble, because the study of oxygen transport in the blood was not sufficiently far advanced to put the problem in precise terms.

A later advance was Maud Abbott's work in which she pointed out that in most cyanotic cases, if there was a ventricular septal defect without pulmonary stenosis, there would be a large pulmonary artery, as a rule larger than the aorta; and if pulmonary stenosis was added to the defects one generally had a small pulmonary artery, insignificant in size compared with the aorta. There had also been an addition to our clinical knowledge of polycythæmia, both in its association with congenital heart disease and in the form of polycythæmia vera, in which the effects can be studied without any abnormality of the heart at all.

The most important advance was the increased knowledge of physiology which led on to an understanding of the transport of oxygen and the mechanisms involved. This work really culminated in the work of Lundsgaard (1919) and of Lundsgaard and Van Slyke (1923) who put forward a theory, with a good deal of experimental support, that the cyanosis depends on the actual amount of reduced hæmoglobin in the blood.

The other side to discuss is what part of the cardiovascular system you are mainly influenced by in trying to measure cyanosis. You can not see the arterial blood, and apart from the veins of the hand, which may be blue, and certain veins elsewhere, you are mainly judging by the capillaries. Lundsgaard argued that the capillary oxygen content was fairly accurately given by the average of the arterial and venous blood. This is not a thing that can be determined precisely, and, of course, the capillaries vary in different parts of the body according to the rate of flow and to their degree of dilatation. But on the whole there seems to be good evidence that the capillary level is not very far from the average of arterial and venous oxygen content, and so one can get some guidance.

CLINICAL OCCURRENCE OF CYANOSIS.

I want to go through the different clinical conditions in which cyanosis can occur. Many of them, of course, have nothing to do with the heart. The first and most obvious is that arterial blood is itself so deficient in oxygen that the capillary blood contains enough reduced hæmoglobin to give this appearance of blueness. This happens on high mountains, in aeroplanes when the O_2 pressure is low enough and most constantly in diseases of the lung; lobar pneumonia is perhaps the best and most common instance. It has been recognised for a long time that the arterial desaturation there was considerable and that many of the clinical features of the more serious cases of lobar pneumonia were directly due to this anoxæmia in the arterial blood supply, so that the brain got an inadequate supply of oxygen, with the results that are familiar; other organs are affected in the same way. The success of the treatment of lobar pneumonia with oxygen furnishes direct support for this view.

The levels of the arterial oxygen saturation in lobar pneumonia have been measured, so that it is more than a theoretical view. In the normal person the hæmoglobin is about 95 per cent saturated with oxygen, 5 per cent of the hæmoglobin passing through the lungs unsaturated. In lobar pneumonia we frequently find such a figure as 90 per

cent, and in more severe cases where cyanosis is greater, figures like 80 or 85 per cent arterial saturation have been recorded. Later on I will show you a formula which gives the level at which cyanosis starts with these various conditions. You will see that 80 per cent saturation of the arterial oxygen is enough to produce cyanosis without any additional factor. The increase of reduced hæmoglobin from the normal 5 to 20 per cent produces enough reduced hæmoglobin to give this blue colour.

A second important way of producing cyanosis is by a bigger difference between the arterial and venous blood, so that although the arterial blood is still 95 per cent saturated the venous blood is so deficient in oxygen that the average level gives the blue colour of cyanosis. Of course, this can happen in two quite different ways. There may be stasis in the periphery so that with a normal blood supply and with normal oxygen utilization the blood will stay so long in the capillaries that more oxygen will be taken out of it and the venous blood will become very unsaturated.

It happens equally if the heart is failing to such an extent that the cardiac output is reduced: the metabolism of the tissues is the same and there is no peripheral stasis but the same quantity of oxygen taken from the smaller amount of blood leads to a greater reducrion of saturation.

Thus we have three independent conditions in which we can get cyanosis: (1) Where the disease of the lungs prevents arterial saturation; (2) where there is no disease, except locally, but the blood stagnates so long peripherally that more oxygen is used up; and (3) where there is heart failure and a small minute volume so that oxygen is used up excessively. Those are all forms of cyanosis that you see commonly in the wards. They are all very important, the pneumonic from the point of view of treatment and the cardiac from the point of view of prognosis and to a lesser extent of treatment (because if the cyanosis is due to a failing heart the relief obtained from oxygen is temporary and this explains why in lesions of the chest oxygen therapy on the whole plays a more important part than in diseases of the heart). Thirdly, we have the condition of which Raynaud's disease is a good example, but it is also a normal phenomenon experienced by us all in the fingers on a cold day, where local stasis is entirely the cause.

There is a fourth independent cause which is very important, and that is the polycythæmia itself. In polycythæmia vera where there is nothing the matter with the lungs or the heart, the patient shows a high degree of cyanosis as well as a high colour. This is not entirely due to local stasis, though sometimes the greatly increased number of red cells produces the added factors of stasis in the vessels as well. Much of the cyanosis in these cases can be relieved by breathing higher concentrations of oxygen.

About twenty years ago, Poulton and I were carrying out investigations on the arterial oxygen, and found that in some of these cases of polycythæmia there was a normal arterial oxygen saturation, showing that the cyanosis was peripheral; but in others the arterial oxygen was itself desaturated; the only reasonable explanation seemed to us that owing to the large number of red cells in the capillaries they were not able to get in contact with the alveolar epithelium of the lungs, so producing a failure of proper oxygenation in the lungs. Thus, in some cases of polycythæmia the cyanosis is produced in the lungs as in cases of pneumonia, simply because of the large number of red cells.

The other factor is that if Lundsgaard's view that cyanosis depends on the actual amount of reduced oxygen is right, polycythæmia itself must increase that. Supposing the hæmoglobin goes up to 200 per cent, there would be double the amount of reduced hæmoglobin in the blood stream. Even if the lungs continued to be equally effective, this alone would put the amount of reduced hæmoglobin nearly high enough to give cyanosis with exercise. The hæmoglobin cannot go up to 200 per cent, as the circulation would be impossible, but it does go up to levels like 160 or even 180 per cent.

All these factors are of general application to various diseases and perhaps all of them need consideration with congenital heart disease. Many may be present at one time—there may be peripheral stasis or cardiac failure and there will be polycythæmia. But we have the additional factor that venous blood may pass from the right side of the heart to the left side and mix with the arterial blood so that there is some unsaturated venous blood in the aorta and in the main vessels—blood that ought to be 95 per cent saturated. By this same method we can calculate, that if everything else remains the same, one-third of the blood passing from the right to the left side will be enough to produce cyanosis. I ask your attention to the following formula:

$$C = L\,T - \frac{(1+x)\,D}{2\,(1-x)}$$

where L is the fraction of blood that passes through the lungs unsaturated, and *T* the total amount of hæmoglobin. These are *multiplied* together so that the final degree of cyanosis is much influenced by both of them. The capillary level (*C*) is the average of the arterial and venous levels. In the ordinary way this comes to 3·5 volumes ; if it rises to 6·5, corresponding to 5 g. of reduced hæmoglobin per 100 ml., then we get manifest cyanosis. The *D* represents the oxygen utilization, and this, of course, is greatly increased by exercise. With exercise the demand for oxygen is increased and therefore the venous blood will be more unsaturated, so that in border line cases it quickly produces cyanosis. The proportion of blood that passes direct from the venous to the arterial side is represented by x. You will see again that the proportion passing through the shunt from the right side to the left and the oxygen utilization are also *multiplied* together so that the influence of each is increased.

The next table is to show how, keeping three of these variables constant and changing the fourth one, cyanosis is produced. Everything else remains exactly the same, but the lungs fail to oxygenate blood : normally 5 per cent is unsaturated, and this proportion must be increased four times to produce cyanosis. Increasing utilization of oxygen obviously increases the *D* value : the normal *D* is about 5 volumes, the arterial oxygen containing about 19 volumes, and the venous blood about 14 volumes, and exercise about doubles this. Of course, you can more than double your oxygen consumption, but this would increase your cardiac output and heart rate as well, and these factors prevent a greater increase in the oxygen unsaturation. The last of these factors is polycythæmia. These physiological considerations dealing with cyanosis are difficult and will give you some questions to think about. A large number of factors are involved in cyanosis, and it is not easy to say in a particular patient what the particular factor is.

TABLE.—Degree of change needed to produce cyanosis if one factor only is changed at a time.

	Normal Value	*Level needed to produce Cyanosis*
L=Proportion of blood desaturated after passing through the lungs	1/20	4/20
x=Proportion of blood passing direct from right to left side	0	1/3
T=Total Oxygen Capacity	20 vol.	—
D=Utilization of Oxygen (V(venous)—A(arterial))	5 vol.	12 vol.

CONGENITAL CYANOTIC HEART DISEASE.

Now I want to go on to questions that are more directly clinical. You will realise from what I have said that one problem is how far this cyanosis is due to a defect between the septa that divide the right and left side of the heart and how far it is due to the obstruction of blood going to the lung. Apart from the polycythæmia these are the two main factors in congenital heart disease that produce cyanosis. As far as the septa are concerned, it is, of course, possible for them to go wrong at several sites, and the commonest site is in a small part of the ventricular septum—generally a small hole just below the A—V valve ; there is no great change in pressures in the circulation, so that the blood goes from the left side to the right, and often there is a loud murmur with no cyanosis. This is probably the commonest form of congenital heart disease—the condition you will see most often if you run school clinics.

Recently I have seen such a patient, who came to the Heart Hospital thirty yearss ago to see one of my colleagues. Her case was diagnosed as ventricular septal defect and at that time she wanted to know whether she could get married. She is now over 50 and she came up with some rather neurotic symptoms but with no cardiac disability. The ventricular septal defect alone is small enough to keep the blood going from left to right, and therefore there is little extra work for the heart but little, if any, disability.

The septal defect may be much larger, so that even without the pressure on the right being high enough to send the blood through, there is a big enough opening to lead to mixing, almost as though there was a complete absence of septum and only one ventricle. In that condition the circulation is difficult and such patients generally do not live very long.

In other cases there may be a small opening in the auricular septum, the so-called patent foramen ovale. Pathologists will tell you that that is the commonest congenital abnormality, but it is undiagnosable during life in most cases and it does not produce symptoms. The small ventricular septal defect is the commonest clinical abnormality whilst the patent foramen ovale is the commonest pathological one.

In many cases the opening is larger and produces a very special picture, because for years after the patient is born the pressure is higher on the left side and therefore the blood flows from left to right and there are no symptoms; then, perhaps only in the course of time or after an attack of pneumonia, the pressure is equalized and the blood flow reversed so that the blood starts going the other way. In that way one may get cynanosis coming on for the first time in an adult which is nevertheless due to a congenital lesion that was completely latent for many years.

It is really only during the last ten years or so, mainly perhaps owing to the increasing use of radiology in heart cases, that one has learned to distinguish many of these conditions. The diagnostic clinical feature is that because of the high pressure on the right side produced by the shunt one finds large shadows in the pulmonary branches and pulsation going through the lung fields which is often referred to as the "hilar dance," consisting of jerky movements in the lung shadows very much more striking than the normal pulsation.

None of these things by themselves really give the picture of cyanosis from birth. Where that is present there is nearly always some degree of pulmonary stenosis added to these abnormalities, and far the commonest condition is Fallot's tetralogy, where one has the mixture of pulmonary stenosis, right ventricular hypertrophy, ventricular septal defect, and a septum that has deviated so that instead of the aorta coming entirely from the left ventricle and the pulmonary artery from the right ventricle, the aorta somewhat overrides the septum and both ventricles, so that there is further mixing quite apart from the septal defect. Although this condition is generally called after Fallot who wrote about it in 1888, it might with great justice be called after Peacock who recognized the frequency of this combination in 1866.

Another septal defect that can lead to mixing is that the division between the aorta itself and the pulmonary artery may fail to develop properly, so that we have a common trunk going the whole way up with branches coming off the aorta and going into the lungs. In many cases where there is gross cyanosis a number of these anomalies will be found mixed together and there will be very great difficulty in settling which are the precise ones.

There is one other condition I should like to mention, namely, tricuspid stenosis or atresia. This is not a very rare congenital abnormality and it produces the same sort of deficiency in the lung circulation as pulmonary stenosis, but the difficulty is in the outflow from the right auricle rather than from the right ventricle itself. The obstruction produces a similar clinical picture. This is one of the groups that can be recognized because they show left ventricular hypertrophy radiologically and left ventricular preponderance electrocardiographically instead of the more usual right sided changes.

BLALOCK'S OPERATION.

In the remaining time at my disposal I want to talk more specifically about the operations for pulmonary stenosis and here I am going to be rather more personal. In January, 1946, when I came back after the war I gave a lecture on congenital heart disease; there had been considerable progress as regards patent ductus and coarctation during the war, but I am sorry to say that I dismissed cyanotic heart disease in the last two paragraphs of my lecture because I said there was nothing to be done for it, and therefore the differential diagnosis of the various forms was an academic rather than a practical exercise. That was about six months after Blalock and Taussig (1945) had published their first paper on this operation.

It is interesting to consider why the operation was decided on and why it was successful, for it was not simply a question of a surgeon who has a genius for surgical technique and for performing arterial anastomosis—though that was an essential part of the preliminary work. It seems to me that Dr. Blalock's collaborator, Dr. Helen Taussig, deserves equal credit because she appreciated that it was the lack of blood-flow to the lungs that was mainly responsible for the cyanosis. Many people would have been inclined to say that the septal defect was so important that it was of no use doing anything else so long as that defect remained. What led them to the other view was, I think, good clinical observation.

Dr. Taussig had seen cases where there was both a patent ductus arteriosus with cyanotic heart disease and the patient seemed relatively well until the patent ductus closed when he became very ill and sometimes went downhill and died quickly. I am emphasising this because of the general principle. Somebody makes an observation and it is so simple that everybody wonders why it has not been made before. It applies

to many of the clinical advances of recent times, *e.g.* penicillin, and there is nothing to prevent some of you making similar discoveries if you only observe things and do not push them on one side because they fail to fit in with your views.

Blalock's original idea was to treat coarctation of the aorta by using the subclavian artery to make a by-pass round the point of narrowing so that there would be an artificial channel—an artificial collateral circulation. In subsequent discussions it was the combination of these two ideas that led these two Americans to think that if instead of treating coarctation in this way, they turned the subclavian down in the pulmonary artery it would equally well deal with the pulmonary stenosis and increase the circulation to the lungs, so improving the cyanosis and disability in many forms of cyanotic heart disease (Blalock, 1947).

After some experimental work on animals where cyanosis was produced artificially and then improved by a subclavian-pulmonary anastomosis, the first case was operated on in October, 1944, and the second and third, which were undertaken when it was seen what had happened to the first, in February, 1945. The first report (Blalock and Taussig, May, 1945) was on these three cases and the results were sufficiently striking to convince many people of the value of this operation ; this has been confirmed by the large number of such operations which have been done since. Some time, early in 1946, I remember an American visitor on one of my rounds, asking me what I thought of Blalock's operation and describing what was done. My first reaction was that it sounded a very artificial and unnatural proceeding but I felt that I ought not to make these comments without reading the original account, and when I did so I was much more impressed both by the theory behind the idea and by the recorded improvement in the early cases. In September, 1946, I chose the first of my cases. This was the little boy, Peter Gabriel, who was, I think, the first case chosen for this operation in this country. I am not quite sure whether at that time I had made up my mind that he was going to have this particular form of surgical approach, because all this time Mr. Brock had been discussing with me a more direct attack on pulmonary stenosis, and we still think it is possible that some of these cases may be more effectively dealt with by such direct approach—though perhaps a smaller number because the stenosis that leads to the obstruction of the pulmonary circulation is not always in the valve, but may be infundibular with a good deal of thickening of the whole ring, and this might be more difficult to deal with directly. At first it was not very easy to find enough cases ; it took quite a long time, even with help from colleagues who were interested, to collect them, and I had only chosen seven between September, 1946, and July, 1947. Now it is easy to find new cases daily.

THE RESULTS IN THE GUY'S SERIES.

Finally, a few words about the actual results in these cases. Many of you have seen them in the wards and have observed the improvement while they were there. Last week I saw the first three back at the hospital for the first time since they had been discharged. I was almost alarmed at the amount they were doing. It is not often that results are so good that the patients are doing a great deal more than you want them to do. I did not appreciate how much a child, suddenly relieved of his lifelong disability, might want to do. From the parents' point of view these three are cured children who are leading normal lives. One of them who had rarely walked more than about 10 yards is now running about all day ; the parents say it is very difficult to stop him from doing anything. Another who had never walked more than 100 yards to a quarter of a mile, according to the weather, is walking a mile easily and at any time : he was able to walk to the top of the medical block and arrived at the top in much better condition than his father. (Since this lecture I have seen or heard from all the other patients operated on in the first 6 weeks and with one exception where the anastomosis was not large enough and the improvement is therefore only moderate, the immediate results are excellent).

Partly because of the great experience of Dr. Blalock, we have been fortunate in the mortality at Guy's and there was no death until the twelfth case, but we must recognize that this is exceptional and that in any hands it is a dangerous operation with a high mortality. But to set against this there is a high mortality among those who do not have the chance of an operation. The appalling incapacity of many of these cases of cyanotic heart disease is hardly realised. A few of these patients may survive to adult life and lead a reasonable but very quiet life, but these are generally the greatest enthusiasts for operation even when the risks are put before them, because of their anxiety of lead a fuller and more normal life. The majority, however, exist rather than live and are a great handicap to their parents as well as to themselves, especially when they get old enough to realise what other children are doing.

Rather surprisingly there does not seem to be any trouble with the circulation of the arm where the subclavian has been divided. Some patients complain at first of a little coldness and tenderness but it is not persistent and there has been nothing more serious. This immunity to complications from division of the subclavian does not apply when the carotid or innominate have to be used for the anastomosis. Then the immediate risk and the mortality are enormously greater. Pleural effusions and vascular thrombosis seem to be two of the main post-operative risks.

The immediate results are therefore excellent. (The detailed results in the first 12 cases will shortly be reported in the Guy's Hospital Reports). Although the heart is left just as it was, the physiological idea behind this procedure, that deficiency of blood to the lungs is the main factor, is shown to be right and is of enormous importance. It remains to be seen for what period this improvement can be maintained and what drawbacks there are, and whether this is a tremendously valuable discovery from the practical point of view or is merely a humanitarian advance for the individual patient. The heart cannot do extra work without hypertrophy and this, of course, gives it extra work to do, just as an arterio-venous aneurysm does, and many of the patients get some increase of heart size. Of the four patients under immediate examination, one, I think, has a heart of just about the same size, in the second the heart is a little larger, and the other two show hearts that are considerably larger: whether these hearts will get less or will remain with that degree of hypertrophy it is difficult to say. What evidence we have from America is that the enlargement that is noticed soon after the operation does not increase progressively in the following two years, but even two years is a short time. That is one of the drawbacks that will have to be assessed in the future. Thus these patients have their abnormality and in addition they have what amounts to a patent ductus arteriosus. With an ordinary patent ductus the blood that is wasted by going from the aorta to the pulmonary artery is completely oxygenated blood and therefore there is no advantage in it going to the lung and it is so much extra work for nothing. I do think that the disability of the patent ductus is in many cases very great. One of the patients with patent ductus whom I knew led a very active business life and was also captain of one of the best-known Rugger teams in the North of England; he died of infective endocarditis some years later, but that was before the days of penicillin, and ductus cases respond extremely well in that direction. Therefore, although in many cases the operation for patent ductus is certainly valuable we want to know more about the ultimate outlook of these patients. I do not think the addition of a patent ductus can be used as a very strong argument against this operation.

There is no doubt that an enormous immediate improvement is obtained, but it will require some years of careful follow up to learn how much extra life these patients can be promised as a result of the operation.

REFERENCES.

Blalock, A., and Taussig, H. B. (1945). *J. Amer. Med. Ass.*, 128, 189 (May).

Blalock, A. (1946). *Bull., N.Y. Acad. Med.*, 22, 57 (Feb.).

Blalock, A. (1946). *Annals of Surgery*, 124, 879 (Nov.).

Lundsgaard, ., (1919). *J. Exp. Med.*, 30, 147, 259 and 295.

Lundsgaard, ., and Van Slyke, . (1923). *Medicine*, 2, 1.

The Significance of Palpable Tumour in Carcinoma Ventriculi

By G. H. CHANNING, M.B., B.S.

NOT long ago, a discussion took place in the Hospital concerning the significance, in regard to operability, of a palpable tumour in carcinoma of the stomach. One opinion held that this sign was in favour of operability, since a growth giving rise to a palpable tumour was almost invariably of the pyloric rather than the cardiac part of the stomach, and thus more amenable to resection. On the other hand, the fact that every palpable carcinoma of the stomach must have passed through an earlier stage in which it was impalpable, provided firm ground for the opposite view that palpable growths were more likely to be inoperable.

Thus was prompted the present endeavour to determine what prognostic significance could be attached to the clinical finding of a palpable tumour in this disease. 200 cases were taken for the investigation, and the growth was palpable clinically in 111 of them (55.5 per cent.), while there was no palpable tumour in the remaining 89 (44.5 per cent.).

The Group of 111 *Cases with Clinically Palpable Growths.*

This group contained 40 growths which were clinically inoperable. A further 54 of these cases were found inoperable at exploration, making a total of 94 inoperable growths.

The Group of 89 *Cases without a Palpable Tumour.*

Among these, the number of clinically inoperable cases was 30. Exploration showed a further 36 to be inoperable, making a total of 66 inoperable growths.

The figures for the two groups are compared as percentages in the following table :—

	Clinically inoperable	*Explored but inoperable*	*Total*
Group with a palpable tumour	36 per cent.	49 per cent.	85 per cent.
Group without a palpable tumour	34 per cent.	40 per cent.	74 per cent.

Comparing the number of operable growths with the number of explorations in each group, a significant difference emerges. In the group with palpable tumours, there were 17 operable growths among 71 cases explored, or 24 per cent. ; in the group with impalpable growths, the corresponding figures are 23 operable growths among 59 explorations, giving an operability rate of 39 per cent. for the cases explored.

Conclusion. In carcinoma of the stomach, the presence of a palpable tumour renders the condition more likely to be inoperable than when no tumour is palpable. Further, when exploration is undertaken, the chances of an operable growth being found are appreciably greater if it has not given rise to a clinically palpable tumour.

I am indebted to Mr. H. J. B. Atkins for his advice in carrying out this investigation.

Correspondence

The Inspiration of General Practice

SIR,—As I live far from England, the *Gazette* with Dr. Bruce Pearson's letter in it has only just reached me.

He disagrees, with some indignation, about one "hackneyed theme" (or cliche as he prefers to call it) in my paper, "Medicine in the Near Future," which you honoured me by publishing, and I surmise that his diasgreement is largely because he feels that I criticised the teaching given by men whom he venerates. They were also my teachers and for them my admiration, affection and gratitude are unbounded. I was not criticising them ; in fact most of what I said is a poor echo—and perhaps distorted version, of what they taught. My criticisms were widely of systems rather than of individuals. I think that no one can but agree that there is a division of Medicine into Family and Hospital Compartments, and that Family Medicine is not taught in the Hospitals. This, I would say, puts the lop on the side. Whether Social Medicine makes an adjustment, I do not know, as I have not seen it in action.

I agree that the good consultant is not disdainful of the good family doctor, nor do the consultants and registrars deliberately implant disdain—far from it, but our enthusiasms are often imitative and it is the hospital man who is our stimulating example. Are there, in any teaching system anywhere in the world, great Family doctors with eager followers ?

Thus, while the consultants and registrars may honour and value the General Practitioner, can the same be said of students and house officers ? They do not meet the Family doctor, and know too little about him ; and is it not true that most, after qualification, enter general practice with more or less reluctance, while those who do not feel a little sorry for those who do ?

Nor do I think that it usually attracts the ablest, and I think it should, or at least many more than it does, for in the natural environment of the family are to be found the beginnings of disease. (This echoes John Ryle's text : On the Natural History of Disease).

There must be innumerable signs and symptoms as yet unknown which would enable us to diagnose the precursory stages of diseases as we know them to-day. When we see appendicitis, nephritis, asthma, quinsey and the rest, their roots are surely deep and so one may fairly say firmly established.

When Dr. Bruce Pearson ferociously impales group mind instrument on a pin and holds it up to scorn, I am even more conscious of it as a terminological monstrosity than when I apologetically coined it, but however inelegant and clumsy it may be, the reality behind it and to which I was trying to give form, must be used daily by him. He surely sends specimens to laboratories; has patients radiographed; is seen in consultation and doubtless has attended that excellent manifestation of it, the "Combined Round" at Guy's.

Incidently, may I ask why he allows "The machinery for modifying social conditions," but spurns an instrument for collective diagnosis?

Finally, Sir, may I qualify the paper by saying that it was written originally as a prelude to a discussion and what elements of caricature that may be in it were for the purpose of evoking controversy, but not onslaughts.

I am, etc.,
P.F.S.C.

Queen Mary Hospital,
Hong Kong.

Reviews

Physics for the Anæsthetist. By R. R. MACINTOSH and W. W. MUSHIN. 1st Edn. Blackwell. *Price* 30*s.*

IN order to understand how modern anæsthetic machines function, every anæsthetist should have some knowledge of the fundamental principles upon which the construction of such machines is based.

By the application of elementary physics to anæsthesia this book explains in simple language many of the phenomena which occur so frequently in anæsthetic practice and which, if incompletely understood, often lead to disaster. The chapters on heat loss during anæsthesia and the resistance of anæsthetic apparatus may be singled out in this respect.

The numerous illustrations and diagrams are excellent and the book maintains the interest of the reader from beginning to end.

M.H.

Essentials of General Anæsthesia. By R. R. MACINTOSH and FREDA B. BANNISTER. 4th Edn. Blackwell Scientific Publications, Ltd. *Price* 30*s.*

THE fourth edition of this excellent and popular text book contains several additions and alterations. These deal with Trilene, a revision and re-writing of the chapter on Endotracheal Anæsthesia and fresh information about Pentothal. Chapter I on the History of Anæsthesia is a masterly achievement for it contains a wealth of detail written in a concise but interesting style. Chapter XIII deals with the condition commonly known as Status Lymphaticus in its relation to the administration of anæsthetics and is the best description we have read in any text book. We are sure most anæsthetists will agree with the authors in the following words of wisdom—

> "The anæsthetist has always three people to satisfy—the patient, the surgeon, and himself.
> Although it is to be hoped that he will never succeed in satisfying himself completely, he can succeed in safeguarding his patient and, if he is fortunate, in satisfying the surgeon or dentist with whom he co-operates."

This book is splendidly arranged, printed and produced and the illustrations deserve a special word of praise. We confidently recommend it to all medical and dental students or post-graduates interested in this special branch of medicine.

A.D.M.

Forensic Medicine. By KEITH SIMPSON. 1st Edn. Edward Arnold & Co. *Price* 16*s.*

[We would like to apologise for the extreme lateness of the appearance of this review of a book by a Guy's man, which can only be attributed to editorial oversight.]

FORENSIC MEDICINE has many ramifications so that a text book that is desired to be complete must either be large, or compact and suggestive of a dictionary. For the student a book reasonable in price and size is the more desirable provided it does not omit the salient points and is presented in a reasonably interesting manner.

Keith Simpson's book fulfills these requirements. It is eminently readable and is clearly based on practical experience. There are many illustrations, 114 in number with two coloured plates. The regulations, including the Workmen's Compensation Acts, are expounded clearly and the material is arranged in tabular form where this is desirable. Brief accounts of actual cases are included, notably of the Baptist Chapel Cellar Murder (R. V. Dobkin), and changes that take place after death and the problems of identification are set out in a much more rational manner than is usual.

The general result is a thoroughly attractive book which the student, with his overloaded curriculum, will desire to possess, and which will be found useful for reference in practice whether medical or legal. The reviewer congratulates Dr. Simpson on this book and hopes that a larger version may some day eventuate.

Child Health and Development. Edited by RICHARD W. B. ELLIS. 1st Edn. J. & A. Churchill. *Price* 18*s.*

THIS book provides an account of the development and care of the child, and of the administrative services for promoting child health, which is not to be found in text books of pædiatrics. It is not designed to help a student pass the final M.B. examination, but will be of great value to anyone who wishes to understand the growth and development of the child, or to see how pædiatrics and the social services are related. The volume is of particular interest to Guy's men, for Professor Ellis, Professor Wright, Dr. Gorer and Mr. Rix have, between them, written half of it.

P.R.E.

A Textbook of Dietetics. By L. S. P. DAVIDSON and I. A. ANDERSON. 2nd Edn. Hamish Hamilton Medical Books. *Price* 21*s.*

IT is claimed that this book is primarily directed to students and general practitioners, but it is one which should be in the possession of all who are responsible for the treatment of patients. The importance of diatetics is being increasingly realised by the general public which looks to the medical profession to guide and advise it. As Sir John Boyd Orr says in an admirable foreword, the medical practitioner, in direct touch with the homes of the people, understands far better than the laboratory worker or government official the conditions which must be taken into account when giving advice on diet both in health and disease. The practitioner wants an authoritative book, written by physicians who have intimate knowledge of recent laboratory work and of clinical needs, and this is provided by the present volume, which not only contains a large amount of valuable information, but is, unlike many books on dietetics easy and fascinating to read.

A.H.

Treatment of Some Chronic and Incurable Diseases. By A. T. TODD. 2nd Edn. John Wright & Sons. *Price* 25*s.*

THE Student would get no praise from his instructors or examiners if he maintained, as does the author of this book, that insulin is harmful to most diabetics, or that Graves' disease should be treated with fluorides, iodine, ergotamine, yohimbine, thiourea (but not thiouracil) and deep X-rays to various parts of the body.

Chapter headings such as False Heart Disease, False Phthisis and Duodenitis only serve to confuse the reader.

The practising physician at his wit's end for new forms of empirical treatment might possibly find the book of some value.

Modern Treatment Year Book 1947. Edited by SIR CECIL WAKELEY. The Medical Press. *Price* 15*s.*

THIS annual of treatment maintains its long accepted standard of usefulness. Designed particularly for the General Practitioner, its scope is extended to the many and increasing specialities with which he is expected to keep pace, though perhaps cases of Gunfire Deafness are not common, nor is he often concerned with Removal of the Forequarter. On the whole, the subjects are well chosen and there is something for every palate with sound principles garnished with tit-bits of personal experience. Many problems confronting the practitioner which are not dealt with in text books or have not yet reached them are clearly and concisely presented. It is not possible for one man to express an opinion on every article in such a wide range of subjects but, judging by those with which he is acquainted, your reviewer thinks that this is a book which may be recommended with confidence to the General Practitioner for reference and refreshment.

C.G.B.

Stammering—its Nature, Cause and Treatment. KATE EMIL-BEHNKE. 1st Edn. Williams & Norgate. *Price* 6*s.*

AN excellent little book full of information of value to the speech therapist and anyone else interested in good speech. The chapter on respiration is especially good and clearly explained. Miss Behnke begins with the statement that stammering is always caused by shock and then proceeds to show clearly and convincingly that it is a bad speech habit. Some will agree with the statement, others with her negation of it, but all will agree that it is an excellent book.

H.St.J.R.

The Common Cold, and How to Fight It. By NOAH D. FABRICANT. 1st Edn. Macdonald. *Price* 4*s.* 6*d.*

IT is hard for one who has written about a subject to write on what is written by another subsequently. It is the harder when the matter is one of which we know so much, and so little, as we do about the common cold. In this little book Dr. Fabricant has given all the argument, about it and about; but eventually he comes out by that same door as in we went. He is "stirred by the dream of conquering the common cold"; but can tell us no more how to do it than anyone else. An excellent book for students starting in the throat department.

T.B.L.

Medicine. By A. E. CLARK-KENNEDY. Volume I: "The Patient and his Disease"' Livingstone. *Price* 20*s.*

THIS unusual book is intended not to "present all the facts," but to "emphasise the general principles underlying Medicine as a whole." Thus gynæcological, orthopædic and cardiological problems are discussed together to illustrate a principle underlying all three.

There is an unevenness in the book which many will find disconcerting. The junior student will sometimes be out of his depth; the more senior reader will perhaps more often be bored. The book will make little appeal to those reading for examinations.

But the man able to stand back and survey the medical scene as a whole will find here a thoughtful and stimulating new approach to the subject.

J.C.H.

Symptoms and Signs in Clinical Medicine. By E. NOBLE CHAMBERLAIN. 4th Edn. John Wright & Sons. *Price* 30*s.*

"WELL printed on good paper, the new edition fully maintains the high standards of this popular work.

Physical signs are clearly described; and though their interpretation is necessarily somewhat briefly discussed in a book of this size, there are few statements whose accuracy one would question—though not many physicians would dismiss the ætiology of Erythema Nodosum with "It is thought by some to be of Rheumatic origin," no mention being made of Tuberculosis.

This misleading remark is an isolated one, however, and in general the book is one which all students beginning their clinical studies will find useful."

J.C.H.

Essentials for Final Examinations in Medicine. JOHN DE SWIET. 3rd Edn. Churchill. *Price* 9*s.*

THE information in this little book is intended to enable the final year student about to take his examination in medicine to revise and crystallise his knowledge. The subject matter is arranged in alphabetical order and includes many of the commoner conditions which are likely to be asked in qualifying examinations in medicine.

The book is not without some important omissions, and certain sections notably that on pulmonary collapse do not appear clearly expressed. Nevertheless, it contains much essential information and those that feel the need of a rapid survey of the subject just before their finals may derive benefit from this book, if only by making sure that thay have left no important subject completely untouched in their revision.

K.S.M.

Gardener's Handbook of Skin Diseases. Revised by JOHN KINNEAR. 5th Edn. Livingstone. *Price* 15*s.*

THIS small and compact text book of some 250 pages has been brought up to date and should be useful for the student beginning the study of Dermatology.

It contains a short but concise description of most of the common skin diseases and the sections on the fundamentals of treatment are excellent.

The histological diagrams and illustrations are, for the most part, adequate and satisfactory for the use of students.

This book can be recommended with confidence to the dermatological tyro.

J.D.E.

Practical Points in Penicillin Treatment. By G. E. BEAUMONT and K. N. V. PALMER. 2nd Edn. Churchill. *Price* 1*s.* 6*d.*

WHILST not agreeing in every respect with current procedures at Guy's with regard to Penicillin therapy, this small book nevertheless presents schemes of dosage which have been tried and found effective. Various important diseases, in the treatment of which Penicillin to-day plays an important role, are listed and suitable dosages explained. This arrangement together with a much-needed reminder of conditions insensitive to Penicillin therapy, makes this publication a useful synopsis of this form of treatment.

D.H.F.

Diseases of the Joints and Rheumatism. By KENNETH STONE. 1st Edn. HEINEMANN. *Price* 30*s.*

THE preface to this book states, "This book is intended for students who regret the omission from the medical curriculum of teaching in the rheumatic diseases. . . . Orthopædic Medicine would name more appropriately than Rheumatology the work carried on in rheumatism clinics of to-day." So long as he keeps to "rheumatology" the author is first class, but when he ventures into the realm of orthopædics, as he frequently does, he is inadequate. For example, when giving instruction on the examination of the foot, he entirely omits all mention of the toes, their function and their abnormalities: while, when dealing with the knee, tests for lateral and antero-posterior stability are overlooked.

The chapter dealing with painful feet does not mention such common causes of pain in the foot as osteo-arthritis, spasmodic valgus, or hallux rigidus, while flat foot and its treatment is dealt with in an extremely elementary manner.

It is stated that osteo-arthritis of the spine may be provoked by fibrositis; that it does not account for much pain, nor does it ever end in any real crippling.

The author discards the Royal College of Physicians classification of 1934 as being artificial, and substitutes one of his own, which appears considerably more complicated. Perhaps this is why he appears to be in the same difficulty over "fibrositis" as the rest of us. After devoting three chapters to his own conception of muscular rheumatism, to which he gives the name "Vagotonic Rheumatism," he subsequently disposes of Stockman's hypothesis on the nature of fibrositis by an admirably destructive criticism. Then, however, he proceeds to expend considerable space on the subject of fibrositis, though the difference between muscular rheumatism and fibrositis is not made clear.

The author is a firm believer in the lumbar disc syndrome, and gives an excellent review of the subject, but for some reason disc lesions in the cervical spine and brachial neuralgia receive scant attention.

Apart from the points which have been criticised there is much good in the book. It is not only easy to read, but makes entertaining reading. The author has a facile pen and writes with the air of a philosopher. As an introduction to the rheumatic diseases this book can be recommended. E.J.C.

A Practical Handbook of Psychiatry for Students and Nurses. By LOUIS MINSTER. 1st Edn. Heinemann. *Price* 6*s.*

DR. MINSTER has kept this production within the scope of a hand-book and in it has outlined the terminology and symptomatology of psychological diseases in such a manner as to assist the student in his reading of larger works on this subject if he chooses to pursue the study further. The outline of psychiatric treatment is surprisingly detailed for a book of this size especially in such techniques as electrical convulsion therapy. The details of the nursing of the cases are also given.

Altogether this book is to be recommended as providing information of both practical and theoretical value and, in not being overburdened with unnecessary detail, it should stimulate the interest of the reader in this branch of medical work.

D.H.F.

Pædiatrics for Nurses. By ARTHUR G. WATKINS. 1st Edn. John Wright & Sons. *Price* 10*s.*

THIS book is a welcome addition to the books on Pædiatrics for nurses.
Nurses will find a brief description of most of the conditions found in a children's ward. The illustrations are an asset. The book can be recommended.

F.T.

Nursing of Tuberculosis. BUXTON & MACULLOCH MACKAY. 1st Edn. John Wright & Son. *Price* 7*s.* 6*d.*

THIS is a practical and useful book for nurses and health visitors interested in the problem of tuberculosis.
As the authors state in the preface—" The keen student may be stimulated to read up in other more academic text books particular subjects mentioned. . . ."
Experimental work with streptomycin has not been included. In a future edition, diagrams to illustrate collapse therapy would be helpful.

D.L.H.

Bacteria in Relation to Nursing. By C. E. DUKES. 1st Edn. Lewis & Co. *Price* 12*s.* 6*d.*

THIS book is a very useful text book not only for post-graduate students but also as a reference book for nurses in training.
The section dealing with the collection and bacteriological examination of specimens points out clearly the reasons for accurate labelling and quick despatch to the laboratory concerned. Immunity is explained simply and with examples.
No emphasis is put upon careful drying of the hands and dry sterilization of equipment when renewing dressings, etc., and storage of syringes either dry or in a reliable sterilizing solution, *e.g.* Formalin solution.
The book is extremely well produced and can be thoroughly recommended.

G.F.

Materia Medica for Nurses. By A. MUIR CRAWFORD. 6th Edn. Lewis & Co. *Price* 5*s.* 6*d.*

THIS is a useful little book for nurses to use in the early part of their training.
The lack of pharmacology in the book makes it disappointing to senior nurses who like to have some idea of how the drug acts.
It is not very satisfying to have a mere list of diseases for which the drugs are prescribed.

F.T.

Materia Medica for Nurses. By GORDON W. SEARS. 2nd Edn. Arnold. *Price* 5*s.*

THIS is a readable and stimulating book on a subject often found difficult and confusing by nurses.
The clear layout and the link up between physiology, drug action indication for use and mention of usual dosage make the book equally valuable asa reference book for the qualified nurse as for those preparing for examinations.
There is an excellent section on making up solutions, and a clear table showing the amounts to be injected when different strengths of insulin are being used. The chapter on Penicillin has been brought up to date and some new proprietory drugs discussed. It seems regrettable, however, that hardly any mention is made of newer drugs used in psychiatric work.

M.D.

Pye's Surgical Handicraft. Edited by HAMILTON BAILEY. 15th Edn. John Wright & Sons, Ltd. *Price* 25*s.*

NO medical book published in this country enjoys so high a reputation among newly qualified men as Pye's Surgical Handicraft. Its surpassing usefulness lies in its ability to provide an answer to the practical problems which confront the inexperienced house surgeon (and, lest the surgical nature of the title mislead him, the house physician too); but that is not all. The medical student will derive nothing but enjoyment and benefit from even a casual glance through the pages of this book, although he may regret that his glance was not more penetrating once he is qualified, while the general practitioner may learn much that he never knew, or trace to its source the echo of what he had almost forgotten.
The technical procedures, which are so lucidly described, have all stood the test of time or are backed by a wealth of experience, and the illustrations are excellent and never superfluous.

R.H.N.L.

Man and Animals. By B. DAWES. 1st Edition. Longmans Green. Pp. 94. *Price* 7*s.* 6*d.*

A BOOKLET written to satisfy the public interest in problems of nutrition. It is authentic and written in sciencific language. The practitioner would do well to read it before his patients, having assimilated or mal-digested it, ask him questions which would almost certainly confuse him now, though he may have known the answers when he finished his pre-clinical studies.

Aids to Qualitative Inorganic Analysis. By R. G. AUSTIN. 2nd Edn. Bailliere, Tindall and Cox. Pp. 207. *Price* 5*s.*

Aids to Diagnosis and Treatment of Diseases of Children. By F. M. B. ALLEN. 8th Edn. Bailliere, Tindall and Cox. Pp. 268. *Price* 6*s.*

Catechism Series. Pathology Part II. 5th Edn. Anatomy Part VII. 6th Edn. Livingstone.

Guy's Diary

FEBRUARY

ACADEMIC

Surgical Dept. Current Exhibition in the Gordon Museum: "Surgery of Rectal Bleeding."

14th. 10.00. Surgical Dept. Round conducted by Mr. R. M. Handfield-Jones. Clinical Th.

16th. 3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.

17th. 12.00. Surgical Dept. Further Demonstration in the Series "Operative Procedures." Th. III.
12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.
4.30. Demonstration of Endocrine Diseases Dr. Bishop Preclinical Classroom.

18th. 2.30. Post-Graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th.

19th. 1.00. Clinical Lecture. Mr. Eckhoff. "Actinomycosis."

20th. 1.00. Clinical Lecture. Dr. Douthwaite. "Hashish."
2.15. Combined Round. Preclinical Classroom.

23rd. 3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.

24th. 12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Class-room.
1.00. Clinical Lecture. Mr. Blackburn. "Ileitis."

25th. 2.30. Post-graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th.

26th. 1.00. Clinical Lecture. Mr. Wass. "Cold Abscesses."

28th. 10.00. Surgical Dept. Clinico-pathological Meeting. Anatomy Th.

March

1st. 1.00. Clinical Lecture. Mr. Batchelor.
3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.

SPORT and SOCIAL

14th. England *v.* Ireland (Twickenham).
Rugby XV. *v.* London Irish (H.O.P.).
Hockey XI. *v.* West Herts (Away).
Association XI. *v.* St. Thomas' Hospital (H.O.P.).

16th. 6.00. Fencing Club (3 F.E.S.) *v.* Imperial College (Away).

18th. Association XI. *v.* St. Mary's Hospital (H.O.P.).

19th. 4.30. Physiological Society and Physical Society combined meeting. Address by Dr. Bishop. Physiology Th.
5.00. Dental Society. Dr. J. Whillis. Film "The Tongue in Action."
5.45. Fencing Club (3 F.E.S.) *v.* Shoreditch Training College (Home).

20th. Rifle Club. Monthly Spoon Competition.

21st. Rubgy XV. *v.* Aberavon (H.O.P.).
Hockey XI. *v.* Sevenoaks (H.O.P.).
Association XI. *v.* U.C.H. (H.O.P.).

24th. Inter-Hospital Rugby Cup. Round II (see Sport).

25th. Hockey XI. Inter-Hospital Cup (Semi-Final).

26th. 4.30. Students' Union. Lecture. Dr. Henry Yellowlees. "The Lunatic, The Lover and The Poet."

28th. Rugby XV. *v.* London Welsh (Herne Hill).
Hockey XI. *v.* C.I.A. (Away).
Association XI. *v.* B.B.C. (Away).

The Students' Union Revue

"OVER TO YOU"

THE Students are to be congratulated on their initiative and drive. They have, entirely of their own efforts, written, scored and produced a revue lasting over two hours, and played on five successive nights to a packed Physiology Theatre. Judging from the clink of coins and the rattle of boxes as the collections were being made during the performances, that most deserving cause which they seek to benefit—The Wireless Fund—should profit considerably.

Parts of the show revealed some real talent. Lennie Rees wrote, and sang with Peggy Horan, one particularly attractive song, "You're part of me." Monty Keen's representation of "The Borough Barrer Boy" was very good, and if it had been curtailed by a third, would have been excellent. An act entitled "The Years Beyond," in which we were given a preview of regimented medical education in the future, was well written, well played, and precipitated the house into fits of laughter, as did "Outpatients—9.30 a.m.", a scene in which some old Boro' Dears were being tee-ed up by the Registrar with the right signs and symptoms for the teaching of the boys. And the quartet, "When the Old Vic was Young" pleased everyone.

Yes. These were all very good—very pleasing.

But in a number of the other acts the gilt was taken from the gingerbread. One felt uncomfortable. There is plenty of scope for being dramatic without a constant invocation of the deity. There are plenty of methods of getting a laugh without a constant mention of sex or the excretory functions of the body. Whereas at no time was one badly embarrassed (and whereas with the same gags in a different place at a different time one would have sniggered uproariously) at that time, in that place and in that company one felt acutely uncomfortable that at any moment something shocking might happen to be said.

In fact it was a pity that some mature producer could not have looked in at the dress rehearsal with a dust-pan and brush or a pail of dettol and made a brisk pass at this and that.

Nevertheless, it was a big effort in a good cause, and we hope to publish the extent to which the Wireless Fund has benefited in another issue.

Sport

RUGBY

GUY'S *v.* OLD WHITGIFTIANS

at Croydon. Won 10—5.
Saturday, 24th January, 1948.

Old Boys' sides are notorious for upsetting any side and in face of hard unrelenting destructive play, Guy's nearly came to grief. It was clear from the start that this was one game they intended to win and the recalling of Martin Turner from Blackheath to play on the right wing should have made more difference to their three-quarter play that it actually did.

Guy's pressed from the start, Brunow breaking through several times, only to find no one in support —a bad fault of the Guy's team at the moment. The Old Boys forwards relieved with a foot rush, but following a set scrum Brunow went through and not bothering about support, scored near the post. At this stage Guy's were fully on top and looked as though they might pile up the points—this, however, was reckoning without the spirited Old Boys forwards.

They were in grand form—true they were disruptive rather than constructive—but never the less very effective, and the Guy's attack became a very one-man affair. Half-time came with no further score.

Shortly after recommencing, D. Le Clus landed a good penalty goal, and Brunow failed with a drop. The Old Boys scored through a breakaway and the points revived them. Play was now mainly forward and getting a little ferocious—with the crowd showing the necessary appreciation.

Guy's pressed and from a very ragged heel the ball went to Brunow who was by this time surrounded by men and obviously worried by his last attempted drop goal. To prove that it was fortune and not his feet at fault. he dropped a perfect goal to give Guy's a 10—5 victory.

GUY'S *v.* DEVONPORT SERVICES

at H.O.P. Won 8—0.
Saturday, 31st January, 1948.

Rain during the week had converted H.O.P. into a minor inland sea, but had dried out sufficiently to enable the game to be played. The Services brought several outstanding players, notably Vaughan and Meredith, whilst Guy's with their captain and several forwards ill, were below full strength.

Devonport kicked off and Guy's defended stalwartly—Vaughan was prominent with a foot dribble and Cottier just saved the touch down. Guy's, however, soon settled down and then came the rain. In five minutes the pitch was under water, but Guy's, defending the shallow end, went from strength to strength. Playing a 100 per cent. forward game they hooked from, and wheeled, every scrummage dribbling the ball with every man in a tight bunch behind. Devonport meanwhile were attempting to throw the ball about, tactics which eventually cost them the game. Cole, Wolfsohn and the back row of the pack, dribbled the length of the field on numerous occasions, mainly from set scrums, for the Services did not seem to know how to check a wheeling scrum.

Shortly before half-time a Devonport man was penalised for lying on the ball when the Guy's pack had their line at their mercy. D. Le Clus landed the goal to give the Hospital a three-point lead.

The rain stopped as play restarted, with the Services now adopting forward play. Guy's, however, knew the danger of forward rushes, and were successfully checking any attempted wheel. The mud thickened, jerseys became indistinguishable and the referee's job almost impossible. Still Guy's pressed until almost on their line Cole threw back from a line out—a clean cut passing movement started, Gray broke inside his man to give Le Clus a clear run round to touch down behind the post. He added the points himself.

A word of congratulations to the pack for sticking to their job against heavier and stronger opponents and to Bailey, deputy scrum half, for some excellent work on a day which had all the ingredients of a scrum half's nightmare.

UNITED HOSPITALS RUGGER CUP

Round I.

(A.) Westminster 3—King's C.H. 3.
(B.) St. George's 0—St. Thomas's 29.
(C.) St. Bart's *v.* University C.H. (to be played February 10th).

Round II.

St. Mary's *v.* Charing Cross (February 12th).

London *v.* Winners of A. (February 17th).

Middlesex *v.* Winners of B. (February 19th).

Guy's *v.* Winners of C. (February 24th).

Semi-Finals : March 2nd and 4th. *Finals : March* 24th.

All Ties to be played at Richmond Athletic Ground. (Kick-off 2.45).

HOCKEY

GUY'S *v.* WOOLWICH POLYTECHNIC

at Well Hall. Draw 0—0.
24th January, 1948.

The Polytechnic did well to keep a persistent Guy's forward line from scoring. They had the disadvantage of playing with ten men but the muddy pitch made good play ineffectual and bad play excusable. By drawing with them for the second time this season, a strong rivalry is projected into next season.

Team :—As below.

SECOND ROUND INTER-HOSPITALS CUP
GUY'S *v.* ST. MARY'S

at H.O.P. Won 3—0.
28th January, 1948.

Guy's, by passing quickly, forced the pace of an even game. By playing as a team we secured an advantage over Mary's, who had some good individual players, notably their inside left. All three goals were scored by Earl, the centre-forward, who scored one in the first half and two in the second half.

Guy's will do well to continue the team spirit and quick passing tactics that are the basis of a cup winning team.

We appreciate the good wishes of all those who could not attend the game, and the support of the spectators who contributed to this victory.

Team :—F. H. Walker, G. H. Danford, J. B. Harris, C. H. Opie, E. A. Murray (Capt.), R. A. Keable-Elliott, C. F. M. Robinson, D. A. Blake, S. S. R. Earl, I. Kelsey Fry, R. A. Hodson.

ASSOCIATION FOOTBALL

INTER-HOSPITALS CUP—2nd ROUND
GUY'S *v.* LONDON HOSPITAL

at Hale End. Won 4–1.
4th February, 1948.

Guy's having received a bye in the 1st Round of this year's Hospitals Cup, successfully cleared their 2nd Round hurdle, at the expense of London Hospital.

This started as a typical hard Cup-Tie, but deteriorated, mainly due to weak refereeing, into a scrambling affair which was full of bad feeling and petty fouls, most of which passed unpunished

Guy's commenced in sparkling fashion, and after five minutes were one up, when Lewis was tripped when racing through, and Holloway converted the ensuing spot kick. (This incidentally was the first penalty from which Guy's have scored this season). Shortly afterwards, Head increased that lead, and although they had much more of the game, Guy's could not score again before the interval.

Play in the second half was rather scrappy, and although London had more of the game than previously they never really looked like scoring. But ten minutes from time they were awarded a penalty, which resulted in the opening of their account. For a few minutes Guy's were hard pressed, but the forward line rose to the occasion, and Lewis, by a grand run, gave Sturdy an opportunity, which he promptly accepted. This virtually decided the game, but just to make certain, Sturdy fastened on to a long high pass up the middle from Matthews, to complete the scoring. Guy's thus ran out worthy winners of a game marred by frayed tempers.

Riches and Holloway were prominent in a solid defence, whilst Leckie was the star of a good forward line.*

Team :—A. H. Whitaker, S. F. A. Westgate, P. J. Holloway, D. G. Matthews, H. R. C. Riches (Capt.), P. A. Swift, R. Skaith, J. C. Leckie, D. E. Sturdy, N. I. Lewis, P. W. Head.

In the Semi-Final, Guy's meet the winners of the St. George's *v.* Westminster Tie.

GUY'S *v* OLD ALDENHAMIANS

At Aldenham. Won 9–0.
7th February, 1948.

Hospital Information, etc.

NOTICES

DEPARTMENT OF MEDICINE.

Glasses in Hæmatology.

Dr. Waterfield will give a series of illustrated lectures in hæmatology during each term. These lectures are primarily intended for *Senior Medical Ward Clerks*. They will take place in the Pathology lecture theatre, at 4.30 p.m., on Friday, February 20th, 27th ; March 5th, 19th, 26th ; and April 3rd.

GUY'S HOSPITAL DENTAL SCHOOL.

The undermentioned Scholarships will be tenable in the United States during the year 1948–49.

Candidates must be registered Licentiates in Dental Surgery of the Royal College of Surgeons of England or holders of a Dental degree of a British University, who have been educated at Guy's Hospital Dental School.

(1) *Northwestern University, Chicago.*

The Scholarship is tenable for the period of one academic year from 1st September, 1948. It covers cost of tuition, use of instruments, etc. Books to be bought. At the end of the period of study, a degree may be granted, but this is not guaranteed.

(2) *Loyola University, School of Dentistry, Chicago College of Dental Surgery.*

The Scholar will be permitted to attend for one year, exempt of tuition fees. The successful completion of this course of study will entitle the holder to the D.D.S. frgree. The Scholar will be required to report to the Dean of the Loyala University on or before 1st July, 1948, for instructions.

Further details may be obtained at the Medical School Office.

Applications for the Scholarships should be lodged with the Dean in the Medical School Office on or before Monday, 15th March, 1948.

GUY'S THEATRE CLUB.

James Bridie's play, " The Black Eye," will be presented in the Physiology Theatre from Tuesday, March 9th, to Saturday, March 13th.

The Box Office opens in the Students' Union Office on Monday, March 1st next.

PASS LIST

CONJOINT BOARD.

January, 1948.

Pathology.

G. L. Blewett	C. A. Higgins
P. Buri	D. S. Hurwood
D. G. Chalmers	S. F. Knipe
N. Davis	F. W. Retief
J. Fine	G. J. Schiller
*P. R. Harben	A. Southwell
G. E. Haward	R. D. Walsh

Medicine.

D. A. Ager	F. A. De Hamel
*M. D. M. Bowen	J. T. Owen
P. O. G. Butler	*P. R. M. Scales
*P. S. Carton-Kelly	

Surgery.

M. Hatton	*P. R. M. Scales
*A. G. MacCallum	R. Southwell
W. J. St. E. G. Rhys	*R. L. Timms

Midwifery.

S. Y. Bhagwat	*A. G. MacCallum
P. Buri	Q. F. Neethling
P. O. G. Butler	J. Rankin
A. K. Doust	R. Southwell
D. H. Griffiths	R. G. M. Stobie
F. A. De Hamel	R. J. Vale
*P. R. Harber	A. J. Walters
M. S. Kataria	

* Have completed the examination.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

M.R.C.P.

January, 1948.

G. P. Baker	S. W. Hinds
M. J. A. G. Carmichael	A. G. Parks
A. St. John Dixon	J. Pinching
A. M. Edwards	W. H. Trethowan

MARRIAGES

WILLCOCK—CROSLAND.—On January 17th, 1948, at Holy Trinity, Brompton, Roger Doidge Willcock, M.B., B.S., to Jennifer Margaret Crosland, S.R.N.

BIRTHS

BISHOP.—On February 7th, 1948, at Nuffield House, Guy's Hospital, to Phyllis, wife of Peter Bishop, D.M.—a daughter.

BROWN.—On January 27th, 1948, in London, to Lucy (née Densham), wife of Dr. Derek Meredith Brown—a daughter (Stella).

DICKSON.—On February 1st, 1948, in Victoria Ward, Guy's Hospital, to Patricia (née Palin), wife of F/Lt. J. R. Dickson, R.A.F.V.R. (Medical Branch)—a son (Christopher James).

LINGFORD.—On January 5th, 1948, at Kennedy Memorial Hospital, Tripoli, Lebanon, to Jean Yuille (née Caldwell), wife of Kenneth Lingford—a second son (John).

DEATHS

ANDERSON.—On January 10th, 1948, in Dublin, Joseph Barcroft Anderson, M.D., M.B., B.Ch.

FRANKLIN.—On February 1st, 1948, Reginald Franklin, M.R.C.S., L.R.C.P., of Wadhurst House, Green Lanes, N.1.

PAYNE.—On February 5th, 1948, Otto Vaughan Payne, M.B., B.Ch., Camb., of Lansdowne House, Alton, Hants, aged 68.

YERBURY.—On February 6th, 1948, Edgar Olyve Yerbury, L.D.S., R.C.S., of Crowe Hill, Ringwood, Hants, aged 59 years.

Eds. {H.A.R. R.A.K-E.

GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

PUBLISHED FORTNIGHTLY

Vol. LXII. *No.* 1555 28*th February* 1948 *Ninepence*

PASSIM

THE repair and regeneration of Guy's continues. On February 23rd the new prefabricated concrete structure, built on the ashes of the Superintendent's House and the Old Counting House, was opened as a Gynæcological Ward of twenty beds. There will also be an Isolation Ward in the same building of three beds and a night nursery for infected maternity cases.

It will be named Sarah Swift Ward after the late Dame Sarah Swift, matron of Guy's from 1900–1909.

The authorities are to be congratulated on managing to bring the building and equipment of this new part of Guy's to completion, against all the odds, shortages and restrictions of the present day, and the Works Department in particular, deserve great credit for the manner in which they have overcome not only the major, but the petty little difficulties which stood in the way of making the ward comfortable and cheerful. As always, their work is of the highest quality and the finest finish.

WE regret to announce the death of Dr. Gerald Webb. Having spent some time at Guy's (circa 1890–93) he went to the United States, and settling half a century ago in Colorado Springs, in carving out his own career, made that lovely Rocky Mountain town famous the world over for the treatment and cure of tuberculosis. During the First World War he was in control of the detection and treatment of that disease throughout the American forces in Europe. He represented the United States at the International Tuberculosis Conference in Rome in 1912, at the International Union against Tuberculosis in Paris and London in 1920, and at the Laennec Centenary in Paris in 1926. He received a number of honours, fellowships and presidentships in appreciation of his work.

His activities were not however confined to medicine and science. He hunted big game with Colonel Theodore Roosevelt, was a polo and tennis player of considerable distinction, and wrote some illuminating books.

He married a grand-daughter of President Jefferson Davis. He frequently visited his many relations in this country. His brother writes, "He was always proud of his association with Guy's." Guy's, too, has some reason to be proud.

THE Guy's Diary has been in existence for some months. In view of the steady growth in its stature, we must conclude that it is thriving on the approval of our readers. We feel that there are, however, still a number of hospital activities which might well be, but which are not, included. We cannot, we regret, with our small staff, go out in search of information, which must therefore be voluntarily contributed. We would remind readers that information should be in the Gazette Office (at the latest) on the Saturday, a week before the day of issue, and should cover the period of a fortnight following that day.

THE Guy's Index to Volume LXI (1947) is ready for distribution and may be obtained free of charge, on application to The Manager, Gazette Office, or The Librarian, Wills Library.

Heart Sounds

A Clinical Leeture given on 30th September, 1947, by
CHARLES BAKER, O.B.E., M.D.

IN examining the heart with a stethoscope, you hear what you expect to hear. This statement is not an encouragement to self-deception, though in the early stages of acquiring the difficult art of auscultation such self-deception is not difficult. It does mean that the ear can be taught to " tune in " to sounds that would otherwise be missed, and that once a particular sound is appreciated it will be increasingly easy to " pick it up " on subsequent occasions. I am sure that you have experienced this in learning to identify the low-pitched, rumbling or purring, murmur of mitral stenosis ; it was first described to you, next you listened for a sound something like the description, then you *thought* you heard it, eventually you *did* hear it, and at last you were in a position to identify it when next you met it. On the other hand, in aortic regurgitation you must *expect* to hear a different kind of murmur, a higher pitched whiff or puff of a murmur, and unless you consciously listen for this it may well elude you. The ear is not only trainable in sensitivity, but in selectability. It should be like a good wireless set, which is capable not only of getting more than one station, but records each one distinctly, without interference from the others. It is this ability to select and concentrate on the particular sound to which he is listening which makes the experienced auscultator less annoyed and distracted by extraneous noises such as the workman's hammer, so constant a feature of post-war medicine.

Cardiac Acoustics.

First, I must remind you of some elementary points in acoustics, with special reference to their application in the examination of the heart. The contraction and relaxation of the heart muscle and the movement of the blood in the heart and the great vessels sets up vibrations, some of which are appreciated by the ear of an observer as sounds. The qualities of these vibrations determine the differences in what is heard, and whether it is heard at all.

Frequency.

Frequent or fast vibrations give a high pitched sound ; infrequent or low vibrations give a low pitched sound. The human ear is capable of appreciating vibrations between 16 to 20,000 cycles a second. The heart vibrations which have been recorded mechanically are mostly between 30 and 150 cycles per second, so that most of them are capable of being heard.

Intensity.

Strong vibrations of wide amplitude are appreciated by the ear as loud noises ; weak vibrations of narrow amplitude are appreciated as soft noises, and if very soft may not be heard at all.

The two qualities of frequency and intensity, which we recognise as pitch and loudness, are inter-related. Low pitched noises are more difficult to hear than high pitched noises of the same intensity. Thus the low pitched sound of auricular contraction or the low pitched murmur of mitral stenosis may not be heard unless its intensity, or loudness, is increased. A high pitched noise simultaneously with a low pitched noise will blot out the latter to the ear, as we find when a systolic murmur obliterates the first heart sound which is of lower pitch. Also, the louder a complex sound becomes, the easier will it be to recognise its lower pitched components.

Duration.

To be heard, a sound must have a certain duration which varies with the frequency. For tonis between 30–250 cycles, in which range most of the cardiac vibrations fall, only 2 cycles are needed to be appreciated by the ear.

Quality.

A pure and regular vibration, such as occurs with a tuning fork is technically a *tone* ; there are no tones produced by the heart.

A tone with superimposed harmonics or overtones produces a *sound* and the number and proportions of the overtones determines the timbre or quality of a sound ; thus the flute with few harmonics produces a purer timbre than the oboe with its larger variety of harmonics. Vibrations of complex and irregular form produce *noises.*

Strictly speaking the only true sounds in the heart are the rare series of regular vibrations which we recognise as " musical murmurs." The actual heart sounds and most of the murmurs are really noises and the French are correct in calling them *bruits.* Nevertheless we know what we mean by, and we appreciate the difference between, a heart sound and a murmur. The heart sound is a noise which is less pure and more complex than the murmur and is therefore a duller noise : the heart murmurs are less complex, more regular, vibrations and are usually of longer duration. The heart vibrations will of course diminish in proportion to the distance they have to travel, and be modified by the structures through which they are conducted in their passage to the chest wall, whence they are transmitted directly or indirectly to the ear, or to a

recording instrument. Solids transmit sounds better than fluids, and fluids in turn better than gases. The heart sounds and murmurs will therefore be heard best and in their purest form where the heart is in contact with the chest wall or where the air-containing interposed lung is thinnest. There will therefore be optimum sites for picking up the sounds on the chest wall, dependant on where the vibrations are produced and optimum conditions, such as posture, for hearing them.

In order to identify the heart sounds and murmurs we must accordingly recognise the following characteristics :—

A. Pitch.
B. Intensity.
C. Duration.
D. Place in the cardiac cycle, or the "timing."
E. Optimum site for hearing.
F. Optimum conditions for hearing.

Without this knowledge, they may be missed and valuable information in diagnosis and prognosis that they can give will not be available.

You are well taught in identifying murmurs and at Out-Patients and in the wards these are seldom missed ; you are on the look out for them, and you find them. I have been impressed, however, how often a very soft systolic murmur is noted, while in the same case some much grosser abnormality in the heart sounds, or even the addition of an extra sound, is overlooked ; this is because you are not on the look out for it, and therefore do not find it. It is for this reason that to-day I am only dealing with heart sounds rather than heart murmurs, though I would like to return to these on a future occasion.

Mechanical Registration of Heart Sounds and Murmurs.

It was in 1816 that Laennec, for reasons of delicacy as he has explained, instead of applying his ear direct to a young lady's chest as was then the custom, rolled up a sheet of paper and placed one end on the patient and the other to his ear. The vibrations of the enclosed column of air transmitted the vibrations of the heart to his tympanic membrane, and to his pleasure and surprise augmented the sounds. This was the origin and is the principle of the stethoscope. But these vibrations from the chest wall, or even from the œsophagus behind the heart, can be registered graphically and the instrument so used is known as the phonocardiogram. The vibrations instead of stimulating the human tympanic membrane, where they are appreciated as sounds, act upon a suitable resonator, the movements of which are recorded graphically either directly or by means of the changes they produce in an electrical circuit. There are therefore two types of phonocardiogram, the direct and the electrical, and while they both have advantages and disadvantages with which I shall not bother you, satisfactory readings can be obtained with both. Since 1907 when Einthoven first published his string galvanometer method of registering the heart sounds graphically, there has been a gradual improvement in these mechanical methods and in the last fifteen years the results have been accurate enough to add greatly to our knowledge of the mechanics of the heart, and has stimulated a re-awakening of interest in clinicians in the study of heart sounds. In order to place the recorded vibrations in relation to the events in the cardiac cycle, the phonocardiograph is taken simultaneously either with a mechanical tracing such as is obtained from the venous pulse or the apex beat, or with a tracing of the electrical differences caused by contraction of the heart muscle, namely, the E.C.G. The former have the advantage that they are caused by the actual mechanical changes in the heart rather than the electrical effects, but the latter has the advantage of convenience. Fig. 1 shows a phonocardiograph, in its relation to the venous tracing and E.c.g. and relates them with the events in the cardiac cycle.

The phonocardiogram is a great help in the following ways :—

A. It has enabled us to take stock of our knowledge of heart sounds and to decide which of our previous conceptions of what was heard and what it meant were right and which were wrong. In fact, to make our knowledge more precise. It is interesting that we have no verb in English to correspond to *preciser* of the French, with their logical minds and love of accuracy ; it is also interesting how much we are indebted to French Physicians—Laennec, Courvoisart, Potain, Laubry are but a few of the notable names—for precision in auscultation.

B. It demonstrates vibrations which are only just within, or are beyond the threshold of audibility

C. It enables us to place the sounds and murmurs in relation to the events of the cardiac cycle. This will in most cases demonstrate how they originate and therefore their clinical significance.

D. When two noises occur simultaneously, we have seen that one may mask the other. The phonocardiogram enables us to distinguish the component parts of superimposed sounds and murmurs.

The phonocardiogram is of great value and it has come to stay ; much has been learnt from it, and the machine will no doubt continue to improve in accuracy and

sensitivity. But its value is limited; ir has not only the advantages of a machine, but the faults of a machine. It will not replace the human ear in its conscious adaptability, nor the stethoscope for convenience and speed. It does not excuse us from the duty of training ourselves in the use of both ear and stethoscope. In fact, apart from its value in clinical research and in isolated cases of difficulty, its importance is in teaching us to hear better, and to know what we are hearing.

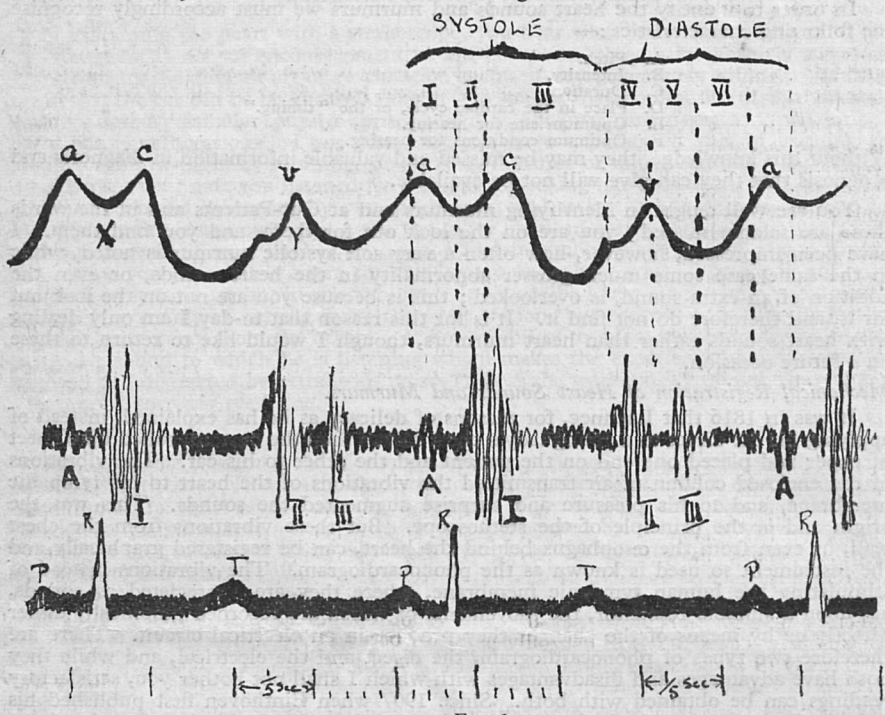


FIG. 1

TOP TRACING: VENOUS PULSE CURVE. a wave = Auricular contraction before A–V valves close at X.
c wave = Ventricular contraction with A–V valves closed
v wave = Auricle filling until A–V valves open at Y.

MIDDLE TRACING: PHONOCARDIOGRAM. 4 Sound waves shown. Note two main components of the 1st sound.

LOWER TRACING: ELECTROCARDIOGRAPH.

DIVISIONS: PHASES OF CARDIAC CYCLE.

I. Presystole or Auricular Systole.
II. Isometric Construction Phase.
III. Ejection Phase.
IV. Isometric Relaxation Phase.
V. Rapid Ventricular Filling Phase.
VI. Slow Filling Phase.

NORMAL HEART SOUNDS.

In every normal heart, at any age, there is no difficulty in hearing two distinct sounds in each cardiac cycle. The first sound appears lower pitched, softer and longer; the second sound higher pitched, sharper and shorter. These contrasting qualities are reasonably described in the classical "lubb-dup, lubb-dup." The rhythm at rest is in 4-time, the two sounds occupying the first two beats of the bar. The character of the individual sounds, their relationship to each other vary with age to some extent, but may alter considerably in disease. A separate consideration of these two sounds, their causation and variation is of value.

First Heart Sound.

The first heart sound is low pitched, its component vibrations varying from 24 to 40 cycles a second; its intensity varies considerably but in tracings from the apex it is seen to be greater than the second sound; its duration averages .18 sec. and consists of 4 to 8 vibrations; it begins after the R. wave of the E.c.g., thus following after the electrical disturbance of the ventricular conduction wave. Comparison with the

venous pulse tracing shows that the first half of the sound occurs before the rise of the c wave and is therefore during the isometric period of systole when the intraventricular pressure is rising without shortening of the muscle fibres; while the second part corresponds to the c wave of the phlebogram and is therefore during the ejection phase due to contraction of the muscle fibres (Fig. 1). Sensitive phonocardiographic tracings show also that there is a preliminary phase corresponding to the auricular contraction and a final phase due to the blood accelerating in the arterial vessels during the maximum ejection phase. It will be seen that the first sound is a complex noise of four components which accounts for its apparently softer quality compared with the second and less complex sound, though the actual intensity is little different. It is heard best just internal to the apex beat, and with the subject lying down and on the left side.

There are two theories as to the causation of the first sound that we hear; that it is due to vibration of the auriculo-ventricular valves and chordæ tendinæ as the intraventricular pressure rises and that it is due to the actual contraction of the muscle fibres. From the time relationships mentioned above it is probable that both play a part, and valvular and muscular components of the first heart sounds are often spoken of. One must also remember that both ventricles must play a part in the production of the sound and though one would expect the larger left ventricle to make the loudest noise, one must remember that the right ventricle is nearer to the chest wall.

It would seem reasonable that the intensity of the sound should depend on the height of the intraventricular pressure. Nevertheless we notice that in mitral stenosis and often in ventricular extrasystoles which give a small or imperceptible pulse, both conditions where the intraventricular pressure is relatively low, the sound is accentuated. We also observe that the sound is marked in hearts which on X-ray screening show no enlargement, rapid beats and wide excursions, and that it is less marked in hearts that are large, with infrequent or poor excursions.

This would suggest that it is the rapidity of the rise in the intraventricular pressure rather than its height which is the important factor. It has also been shown that in hearts where the PR interval in the E.c.g. is short the first sound is louder than in hearts where the PR interval is long; here it would appear that the auricle is playing a greater part in rapidly increasing the intraventricular pressure. It would also explain the increased first sound in mitral stenosis where the rigid valves near the position of closure would favour a more rapid rise in pressure with ventricular contraction, in contradistinction to what obtains in mitral regurgitation where the first sound is diminished or absent. The sound will naturally be heard best in those with thin chest walls, and less easily in thick chests, and the sounds are heard best in the young and less well in the aged. Where emphysema is present and particularly in pericardial effusion it may be extremely difficult to hear the heart sounds. It will be seen that some information can be obtained by careful assessment of the first heart sound, though all contributing factors must be considered. To summarise, the first heart sound will be louder in the young, the thin, with a rapid pulse, in thyrotoxicosis or fever, in mitral stenosis, in hypertension, and in hearts with a PR interval below .12 second; it will be softer in the aged, the thick set, with a slow pulse, in mitral regurgitation, in emphysema, in pericardial effusion, and in hearts with a PR interval over .18 sec.

The Second Sound.

Mechanical data show that the second sound is a purer noise of similar pitch (35–38 cycles a sec.), of slightly less intensity, and of shorter duration (.1 sec.) than the first sound. In timing it corresponds to the incisura in the aortic pulse, and in the phlebogram to a small notch in the ascending limb of the v wave during the isometric relaxation period (Fig. 1). This shows that it is due to the closure of the semi-lunar valves; the vibrations occur in the valves themselves, in the walls of the aortic and pulmonary arteries, and in the blood column. It occurs .02–.04 sec. after the T wave of the E.c.g., though it must be emphasised that this is not an accurate method for placing events in the cardiac cycle. It is better heard at the base of the heart than the apex, and with the subject upright. The aortic and pulmonary components are best heard in their respective areas to the right and left of the sternum. The loudness is related to the height of the arterial pressure, or more correctly to the differences in pressure on either side of the two valves, otherwise the aortic second sound would be much louder than the pulmonary second sound. The aortic second sound is therefore increased in systematic hypertension. The nearness of the valves to the chest wall will also increase intensity and an accentuated second sound may therefore occur in "unfolding" of the aorta due to atheroma or in syphilitic aortitis. A high pitched ringing sound in the absence of hypertension should raise the suspicion of syphilis,

and conversely, an absent or poor aortic second sound should raise a suspicion of aortic stenosis or insufficiency. The pulmonary second sound is accentuated in conditions where the pulmonary pressure is relatively increased; that is in chronic left-sided heart failure, such as in mitral stenosis, in congenital hearts with left to right shunt and in the cor pulmonale of disease in the lungs.

Reduplication of the First Heart Sound.

We have seen that the two main components of the first heart sound can be distinguished in the phonocardiogram corresponding to the isometric and ejection phase (Fig. 1) and it is therefore not surprising that these can occasionally be detected by the trained ear as a splitting or reduplication of the sound. It has also been shown that a synchronous action of the two ventricles occurs, not necessarily in disease, and this may also cause a double first sound. We shall also see later that the auricular sound may also be heard preceding and distinct from the first sound in failing hearts, the presystolic gallop rhythm. How then are we to distinguish the splitting of the first heart sound which occurs in normal hearts and the gallop rhythm which occurs in diseased hearts. The acoustic points that help are that in splitting or reduplication the essential rhythm is not altered and there is no encroachment on the diastolic silence; also that this phenomen may not be constant and may vary with respiration and position. In gallop there is the definite addition in diastole of another sound, the rhythm is disturbed, and the phenomen is more constant. But the main distinction between the two is the absence or presence of disease, and a careful examination of the subject, as well as his heart, should decide this. Splitting, reduplication, or any alteration of the first sound is therefore a signal for care and assessment, and if there is still doubt, the help of the phonocardiogram is indicated and should decide.

Reduplication of the Second Heart Sound.

It is not surprising that if asynchronous action of the two ventricles can cause reduplication of the first sound in healthy hearts, the necessary corollary of reduplication of the second heart sound in healthy hearts must follow; and so it does. But reduplication also occurs in pathological conditions due to asynchronous closure of the semilunar valves due to increased pressure in either the aorta or pulmonary aorta. It is therefore seen in systemic hypertension, and in the various causes of pulmonary hypertension that were mentioned as causing accentuation of the pulmonary second sound, such as mitral stenosis. Reduplication will be best heard at the base; in the aortic area when increased aortic pressure is responsible and in the pulmonary area where the pulmonary pressure is responsible.

THE THIRD HEART SOUND.

A third heart sound following the second sound was first described by Gibson in 1907. He wrote: "The sound is by no means easy to hear . . . nor is it possible to hear the sound at every systole; from my own observations it is best heard in the short interval between expiration and inspiration. The quality of the sound is low pitched and clear, with no suspicion of harshness or anything suggesting a murmur. It is slightly increased in intensity and raised in pitch by pressure on the abdomen." From mechanical data it is found that the third heart sound closely corresponds in pitch and duration to the second sound but that it is of lower intensity. In time it corresponds to the last part of the descending "v" wave of the venous pulse and occurs therefore in the phase of rapid filling of the ventricle; it causes a small wave in the apex-beat tracing. It is due to vibration of the ventricular walls in the phase of rapid ventricular filling. Its site is at, or just within the apex beat and it is best heard, or may only be heard, after exercise with the subject lying on his left side. No better example of how sounds *can* be heard once they are described can be given than the third heart sound; though only described in 1907, Thayer heard it in 1910 in over 80 per cent. of 90 normal people between the ages of ten and twenty, and recently Bramwell in 43 per cent. of 228 normal recruits under twenty.

The greater the skill of the examiner, the more often will it be heard, and that it is not imagined can be proved by its frequent occurrence in phonocardiograms of normal hearts. So often is it found in young and healthy hearts that it is often known as the physiological third heart sound. There is a fairly constant association between this normal sound and a prominence of the pulmonary arc on X-ray and this is probably the reason why its incidence in normal hearts diminishes as the childish heart, with its relative prominence of the right side, gives way to the adult heart. Though relatively common under 20, the normal third sound is not often heard after 30, and very rarely after 40.

But the recognition of a third heart sound is of more import than a display of virtuosity with the stethoscope, for it may have pathological significance. The sound is provoked in normal hearts by conditions which produce an increased flow through the mitral valve. One might, therefore, expect it also to occur in mitral stenosis where a narrowing of the mitral ring increases the velocity of the stream. It does so occur, though it is normally masked by the diastolic murmur, but in early cases it may be heard without the early accentuation of the murmur and then the differential diagnosis between a normal and a rheumatic heart is difficult. The early murmur is rougher in character than the sound, and it certainly lasts longer, for we know by phonocardiography that it continues throughout diastole even if the ear cannot recognise it; the late diastolic accentuation or presystolic murmur will of course be of great importance. The greatest danger is in mistaking a normal third sound and calling it a diastolic murmur for you may then condemn a normal person to a life of care and restricted activity and the possibility of a cardiac neurosis. Hence the importance of confirming a suspected murmur with other evidences of mitral stenosis, particularly the X-ray evidence of an enlarged left auricle.

In some cases of mitral stenosis, a short sharp snapping sound is heard in the third or fourth spaces between the apex beat and the left border of the sternum. In time it occurs before the third sound and corresponds to the apex of the v wave of the venous pulse and the opening of the mitral valve. This is known as the opening snap of the mitral valve. Other evidence of mitral stenosis will be present and it is therefore of interest rather than of diagnostic importance.

The third heart sound is also heard in enlarged and failing hearts, particularly over the age of 40, the so-called rapid-filling or protodiastolic gallop, and is of great prognostic importance. It is found in enlargement of the heart, particularly of the right side, and with right-sided heart failure. It occurs in auricular fibrillation and it is not therefore produced by auricular contraction. It is heard at the apex, and as the heart is enlarged it may be well out to the left, and like the third sound in mitral stenosis, and unlike the third sound in normal hearts, it is more constant and can often be heard in the upright position.

Reduplication of the second sound should not be confused with a third heart sound; it is heard at the base of the heart and not at the apex, and the second component is similar to, and follows directly after the first. The points in the differential diagnosis of the third heart sound are summarised in Table I. Provided that all the evidence is taken into account, this is not usually difficult. Occasionally, and particularly in the early diagnosis of mitral stenosis, there are few problems more difficult to solve, and though often constant observation and time will alone provide the answer, it is in such cases that the phonocardiogram may help.

The Auricular or Fourth Heart Sound.

One of the most important contributions of the phonocardiogram is the demonstration that even in normal hearts the auricles cause vibrations, which may sometimes be heard as a fourth sound. The frequency of this sound is about 29 cycles per second, so that it is the lowest in pitch of the four heart sounds, and as its intensity is also the lowest it is usually below the threshold of audibility. In time, it occurs .08 to .14 after the beginnino of the P wave if the E.c.g. and corresponds to the " a " wave of the phlebogram (Fig. 1); when it is increased or audible it is usually associated with a large " a " wave. It thus corresponds to auricular contraction and this is proved clinically by its invariable absence in auricular fibrillation or in ventricular extra-systoles. It is best heard, if heard at all, in the 4th or 5th interspaces internal to the apex beat, or in the impracticable method of auscultation via the œsophagus where it invariably gives a phonographic tracing. It may be best heard with the ear direct on the chest wall. In hearts with a short PR interval or a rapid beat, the vibrations continue into those of ventricular systole and they contribute to the first sound. In hearts with a long PR interval or slow rate, they are clearly separated in tracings and may occasionally be heard as a dintinct sound, when it is not of necessity of pathological significance.

In most cases where the fourth heart sound is heard, clearly preceding the first heard sound, disease is present and this form of triple rhythm is of importance in prognosis. It can be heard in complete heart block because with auricles and ventricles beating independently it is not masked by the first sound of ventricular contraction. In incomplete heart block, where there is delay in conduction between the auricle and ventricle, this auricular sound may be heard distinctly in front of the first sound. In bundle branch block, this form of triple rhythm may also be heard, though in this condition there is also asynchronous action of the two ventricles which will separate the two ventricular components of the first heart sound. Dr. Campbell and Dr. Suzman in 1932 published a very pretty case where there was simultaneous disappearance of triple rhythm and bundle branch block.

TABLE I.

SOUNDS OTHER THAN THE 1ST AND 2ND SOUNDS.

	Character	*Timing*	*Maximum Site*	*Conditions*	*Remarks*
Re-duplicated 1st sound	Both sounds similar	Rhythm not altered	Apex or to left of lower end of sternum	Varies with position and respiration	Healthy hearts but difficult to distinguish from auricular sound
Re-duplicated 2nd sound	Both sounds similar but one may be louder	.03–.10 sec. after 2nd sound	Base	Sitting	Healthy and diseased hearts
Opening snap of mitral	Faint, sharp, clicking	.07–.13 sec. after 2nd sound	3rd and 4th interspace	Lying	In mitral stenosis
Physiological 3rd heart sound	Faint, same pitch as 2nd sound	—	Just inside apex	Lying, left side, after exercise	In young people: cannot be distinguished from protodiastolic gallop save by absence of heart disease
		.12–.2 sec. after 2nd sound			
Pathological 3rd heart sound (Protodiastolic gallop)	Faint or loud, same pitch as 2nd sound	—	At apex, often displaced outwards	Lying or sitting	In diseased hearts, mitral stenosis, right-sided failure: can occur with fibrillation
Normal Auricular sound	Faint, low pitched	Before the 1st sound	Internal to the apex	Lying	May occur in healthy hearts with slow rates and long PR interval
Pathological Auricular sound (Presystolic gallop)	Faint or loud, low pitched	Before the 1st sound	Internal to apex or occasionally at Xiphisternum	Lying or sitting	With diseased hearts; heart block, hypertension, coronary disease and left ventricular failure: never with fibrillation
Summation gallop	Usually loud	Midway between 1st and 2nd sound	Internal to apex	Lying or sitting	In right and left heart failure; of grave prognosis

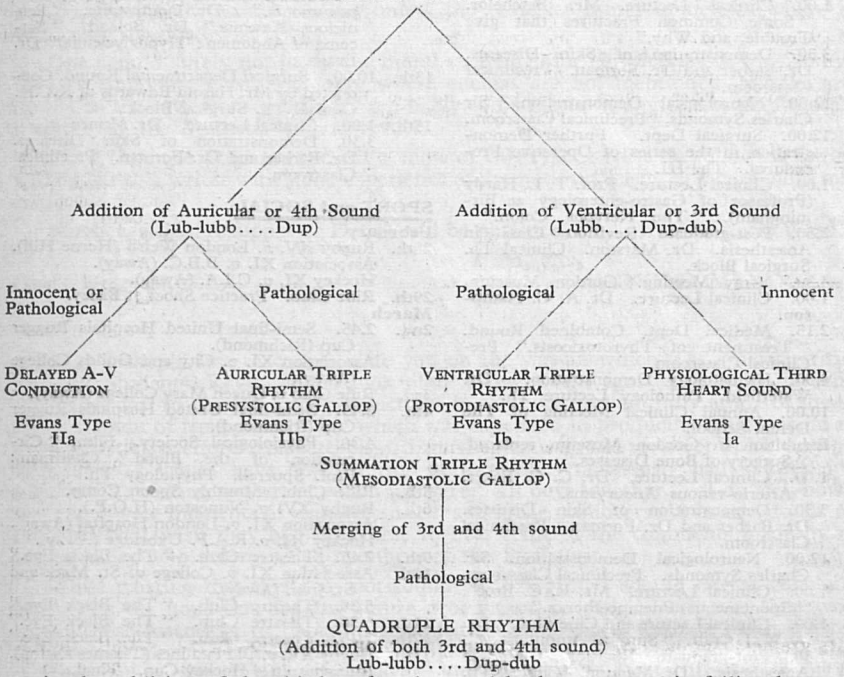
Its greatest importance is, however, in struggling and failing hearts, usually in older people. It was first recognised in 1838 in such a case by Charcellay who correctly diagnosed its origin and assessed its prognostic significance. It is found most commonly in hypertension, coronary artery disease, and sometimes in aortic incompetence, and is associated with left ventricular failure. It will therefore be found in association with the symptoms of this type of failure—dyspnœa, particularly in nocturnal attacks, cardiac asthma, and pulmonary œdema—and signs of hypertension and an enlarged left ventricle. It is due to the auricular contraction (for it is never found in fibrillation) forcing its blood wave on to a hypotonic ventricular wall. It is associated with a rapid heart rate, and great care should be taken before diagnosing it if tachycardia is absent. It is best heard at the apex beat, which is usually displaced to the left, or just internal to the apex beat at the same level; occasionally it may be heard in right ventricular failure near the xiphisternum (right-sided gallop). Though best heard in the left lateral position, it can also be heard with the patient sitting up. It may produce a palpable impulse and is often best heard, and felt, by the direct application of the ear to the chest wall.

TRIPLE RHYTHM.

We see, therefore, that added to the two classical heart sounds there may be a third or ventricular sound occurring after the second sound, or a fourth or auricular sound occurring just before the first sound. Both occur in diastole and either will give a rhythm of three sounds. The nomenclature is confusing. Gallop and Canter Rhythms are described but I feel that nowadays we are not sufficiently in contact with the horse to appreciate this distinction. Furthermore, gallop rhythm has come to denote a bad prognosis and if you use the term it will almost certainly convey this meaning. But we have seen that the addition of an extra sound can occur both in healthy and diseased or failing hearts, the third more commonly in health, the fourth more commonly in disease. It would therefore seem better to use the term triple rhythm, to distinguish between auricular and ventricular triple rhythm when we have decided which is the extra sound, and then to assess the prognosis on general grounds as well as this one, though important, physical sign. Table II is an attempt to show how the terms in use

correspond to what I have described. Dr. William Evans' important work on Triple Rhythm is often referred to in the literature so his Types are included, though I think it is difficult to remember a classification of figures and letters.

TABLE II.
TRIPLE RHYTHM



As the addition of the third or fourth sound both may occur in failing hearts it is not surprising that occasionally they are both heard, giving a quadruple rhythm, though the rapid heart rate makes it difficult to distinguish them. And in very rapid hearts with the shortened diastole, these two extra diastolic sounds will tend to approach each other and may actually coincide giving a louder sound in mid-diastole. This was disguished by Potain as Mesodiastolic Gallop, but the term Summation Triple Rhythm or Gallop better describes its origin. It is the type of triple rhythm which is difficult to miss and it is of the gravest import.

Other Heart Sounds.

For the sake of completeness, I must mention some other sounds, other than murmurs, which are occasionally heard. An extra sound may be heard between the first and second sounds either at or inside the apex beat; this is the rare Systolic Gallop which Potain distinguished from his two types of diastolic gallop as of no clinical significance; subsequent experience has confirmed this. There are also splashing sounds due to air or gas in the stomach; snapping or knocking sounds associated with left pleuro-pericardial adhesions or left pneumothorax; crunching sounds due to air in the mediastinum from spontaneous pneumothorax, a ringing sound just after the second sound associated with pericardial calcification; and a variety of clicking sounds which are also extra-cardial in origin. This formidable list may suggest that careful auscultation may reveal sounds like the percussion effects of "modern" composers. I am happy to say that this is not so, for listening to the heart should be a pleasure, and we should in any case get very confused. If we train ourselves to appreciate the quality of the two obvious sounds, to listen consciously for the addition of either of the two other sounds, to distinguish the two types of triple rhythm, and to use these findings in conjunction with a full history and examination, we shall not go far wrong. When bizarre heart noises are heard, it is safe to say that they are either associated with some extra-cardiac condition which should be obvious, or if the examination is otherwise satisfactory, that they are of no significance.

Guy's Diary

FEBRUARY—MARCH

ACADEMIC

March

1st. 1.00. Clinical Lecture. Mr. Batchelor. "Some Common Fractures that give Trouble, and Why."
3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.

2nd. 12.00. Neurological Demonstration. Sir Charles Symonds, Preclinical Classroom.
12.00. Surgical Dept. Further Demonstration in the series of Operative Procedures. Th. III.
1.00. Clinical Lecture. Prof. T. L. Hardy (Professor of Gastro-enterology at Birmingham). "The Nervous Colon."

4th. 2.30. Post-graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th. Surgical Block.
4.30. X-ray Meeting. Gordon Museum.

5th. 1.00. Clinical Lecture. Dr. A. C. Hampson.
2.15. Medical Dept. Combined Round. "Treatment of Thyrotoxicosis." Pre-Clinical Classroom.
4.30. Hæmatology Demonstration. Dr. Waterfield. Pathology Lecture Th.

6th. 10.00. Annual Clinical Meeting of The Dental School.

8th. Exhibition in Gordon Museum replaced. "Surgery of Bone Diseases."
1.00. Clinical Lecture. Dr. C. G. Baker. "Arterio-venous Aneurysms."
3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.

9th. 12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.
1.00. Clinical Lecture. Mr. R. C. Brock. "Spontaneous Pneumo-thorax."

11th. 1.00. Clinical Lecture and Cine film. Dr. A. W. J. Craft. "Surgical Amputations."
2.30. Post-graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th. Surgical Block.
4.30. X-ray Meeting. Gordon Museum.

12th. 2.15. Medical Dept. Clinico-pathological Conference. Pathology Lecture Th.: "Acute Nephritis" and "Bronchopneumonia." Dr. Douthwaite. "Pernicious Anæmia," Dr. Boland. "Sarcoma of Abdomen: Hypoglycæmia," Dr. Evans.

13th. 10.00. Surgical Departmental Round. Conducted by Mr. Harold Edwards of K.C.H. Clinical Th. Surgical Block.

15th. 1.00. Clinical Lecture. Dr. Munro.
3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.

SPORT and SOCIAL

February

28th. Rugby XV. *v.* London Welsh (Herne Hill).
Association XI. *v.* B.B.C. (Away).
Hockey XI. *v.* C.I.A. (Away).

29th. Rifle Club. Practice Shoot at Bisley.

March

2nd. 2.45. Semi-final United Hospitals Rugger Cup (Richmond).
Association XI. *v.* City and Guilds College (Away).

3rd. Rifle Club *v.* Queen Mary College (Away).

4th. 2.45. Semi-final United Hospitals Rugger Cup (Richmond).
4.30. Physiological Society. Film, "Circulation of the Blood." Chairman: Prof. Spurrell. Physiology Th.

5th. Rifle Club. Monthly Spoon Comp.

6th. Rugby XV. *v.* Nuneaton (H.O.P.).
Association XI. *v.* London Hospital (Away).
Hockey XI. *v.* R.A.F. Uxbridge (Away).

9th. 7.45. Theatre Club. "The Black Eye."

10th Association XI. *v.* College of St. Mark and St. John (Away).
5.30. Theatre Club. "The Black Eye."

11th. 6.30. Theatre Club. "The Black Eye."

12th. 7.45. Theatre Club. "The Black Eye."

13th. Rugby XV. *v.* Old Paulines (Thames Ditton).
Inter-hospitals Hockey Cup. Final.
2.30. Theatre Club. "The Black Eye."
7.45. Theatre Club. "The Black Eye."

Correspondence

The Students Revue

SIR,—As one with no partisan interest in the last Student Union revue, may I express my deep disappointment in the criticism published in your last issue.

It is to be deplored that, while summarily dismissing the nineteen sketches in a mere nine lines of print, you were able to devote a major part of your valuable space to a carping criticism of what your reviewer saw fit to call "the mention of sex or the excretory functions of the body."

While seeking neither to defend nor to condemn that which some may have considered unjustifiably coarse, those of us with the most fleeting knowledge of the work that goes into an amateur production must have felt keenly the disappointment of the students who gave up so much time to the revue, the majority of whom were, apparently, not thought worthy of mention. What is equally to be deplored is the totally false impression which must have been conveyed to those of your readers who were unable to see the revue themselves. They should be told that, while admittedly not up to the standard of the professional productions which it (in my opinion, mistakenly) sought to emulate, it did offer a great deal of enjoyment to a great number of people, and was worthy of something more than the faint praise with which it was damned in your columns.

Sir, you would not entrust the reviewing of a medical book to a student: why then should a criticism of the review have been left to one so patently ill-informed of all that an amateur production involves, and all that it sets out to do?

The Medical School,
Guy's Hospital.

I am, etc.,
"M.R."

SIR,—As an incompetant and inept piece of dramatic criticism, the review appearing in the Gazette of the Students' Union revue must take pride of place.

The author, sheltering behind anonymity and using bad English, for after all, how can one " snigger uproariously," gives a totally inadequate word-picture of the show.

The allegations that the humour was mostly smutty are unfounded as anyone seing the complete show would realise, unless the reviewer found innuendos where these were not intended.

One should surely not judge the moral standard of a Hospital show with an eye on the contemporary West End stage where enemas are not mentioned, but far greater insults to the reviewer's sensibility are likely to be found in any revue, than those perpetrated by the Students' Union revue.

Next time the Students present a show of this type, I trust the following criticisms will be left to a writer with some experience of dramatic criticism, in fact, a more mature critic.

Further, a liberal supply of Dettol will be obtained, albeit from Victoria Ward.

I am, etc.,

Guy's Hospital, S.E.1. ARNOLD MENDOZA.

SIR,—I should like to congratulate you on the way in which *The Gazette* criticised the Students' Revue which took place a few weeks ago. I, myself, have had a good deal to do with such productions in the past, and am fully aware of the enormous amount of time and trouble which was expended in producing what was, in many ways a first class effort. Nevertheless, I must agree with the reviewer in his very gentle strictures. I would have enjoyed this performance enormously had it been in the nature of a smoking concert at which we were " all boys together." I do feel, however, that there were moments of embarrassment, and if the producers are in any doubt about this matter, I wish they had been able to hear some of the comments made by many of the ladies who accompanied members of the Staff to it.

While trusting that this does not sound too priggish, I should like to conclude by expressing the hope that for any future production, of which I am sure there will be many, those intending to bring visitors will be given some warning as to the nature of the entertainment which they are likely to expect, so that they can decide whether to invite ladies, who might not have had the advantages of that broadening influence which a medical training vouchsafes.

I am Sir,

Yours, etc.,

Guy's Hospital, S.E.1. H. J. B. ATKINS.

Carcinoma Ventriculi.

SIR,—Mr. Channing's figures on the significance of palpable tumour in carcinoma ventriculi are of considerable interest. As I was responsible for stimulating his enquiry, I should like if I may to correct views which I think are implied as being mine. Mr. Channing says, " one opinion held that this sign (palpable tumour) was in favour of operability, etc." That may represent, as he says, one opinion. It certainly is not and never was mine.

My view was, and still is, that the presence or otherwise of a palpable tumour should not influence the decision, *one way or the other* as to the advisability of exploratory operation.

I think Mr. Channing's figures confirm that view.

In the relatively small total number of 200 cases, he finds an operability rate of 24 per cent. in those cases with palpable tumour, as against 39 per cent. in those without it. My view is that to prevent that 24 per cent. being deprived of their chance of successful removal, no undue importance should be attached to the presence of a palpable tumour.

I am, etc.,

E. G. SLESINGER.

14, Devonshire Place, W.1.

Hospital Information, etc.

GUY'S HOSPITAL DENTAL SCHOOL

ANNUAL CLINICAL MEETING.

Programme for the Clinical Meeting to be held in the Dental Department, Guy's Hospital, on Saturday, 6th March, 1948.

Morning Session ..... 10 a.m. to 12 noon.
Afternoon Session ..... 2 p.m. to 4 p.m.

Clinical Cases will be shown by :—
Members of the Dental and Surgical Staff.

Orthodontic Cases and Appliances will be shown by :—
Mr. R. E. Rix, Mr. K. E. Pringle, the Registrars and Orthodontic Assistants in the Children's Department.

Prosthetic Cases will be shown by :—
Professor H. R. Fenn, Mr. T. J. Hancock and the Demonstrators in the Prosthetic Department.

THE FOLLOWING DEMONSTRATIONS WILL BE GIVEN :—

Operation under general Anæsthesia	Mr. W. Kelsey Fry
Anæsthetist	Dr. A. D. Marston
Dorrance Pushback Operation for Cleft Palate	Mr. N. L. Eckhoff
Anæsthetist	Dr. W. S. McConnell
Operation under general Anæsthesia	Mr. K. Hooper
Anæsthetist	Dr. P. J. Helliwell
For Bilateral Ankylosis of the Temporomandibular Joints in an Edentulous Patient, Using Lateral and Post-auricular Approaches	Mr. Patrick Clarkson and Mr. H. H. Kenshole
Anæsthetist	
Clinical Cases	Mr. G. B. Pritchard
Bacteriology	Mr. A. Bulleid and Mr. C. W. T. Shuttleworth
Pathological and Experimental specimens	Professor M. A. Rushton
Bridges	Professor W. E. Herbert
Extraction of Teeth under Local Analgesia	Mr. H. H. Kenshole
Minor Oral Surgery	Mr. J. W. Mansie
Some Interesting Radiographs	Dr. F. L. Ingram
Exhibition of Colour Photography	Mr. J. M. Dyce, Mr. T. J. Hancock and Mr. G. A. Morrant
Post-Crowns	Mr. R. O. Holland
Root Resection	Mr. A. R. F. Thompson
Preventive Dentistry	Mr. W. G. Cross and Mr. R. D. Emslie
Hydrocolloid Impressions for Inlays	Mr. W. A. Vale
Jacket Crown	Mr. A. D. Robinson
Vacuum investing and surface roughness in Casting	Mr. G. A. Morrant
Some apparatus for the dental care of Epithelial Inlays	Mr. G. Loader
Gingivectomy	Mr. R. D. Emslie
Cavity preparation for Inlays	Mr. C. I. Hagger
Copper-plated *Dies*	Mr. J. G. Hancock
Some Experiments with Acrylic Resin including McLean's Screw Pressure Crown	Mr. R. I. H. Whitlock
Ionisation of Root Canals	Mr. P. C. Grummitt

Dr. J. W. Sillman's Film, "Serial Study of Occlusion," presented by Mr. K. E. Pringle, will be shown in the Anatomy Theatre at 11 a.m.
Other Films of interest will be shown.
Tea will be served at 4 p.m. in the Prosthetics Laboratory.

NOTICES

GUY'S HOSPITAL STUDENTS' UNION.

A BRAINS TRUST will be held on Thursday, March 18th, at 4.30 p.m., in the Physiology Theatre, Guy's Hospital. Those taking part in the discussion will be: Maj.-Gen. John Hay Beith, William Clark (European Director, *Encyclopædia Britannica*), Sir Heneage Ogilvie, Ian Mackay (of the *News Chronicle*), and Dr. T. A. H. Munro (Director, York Clinic of Psychological Medicine). Question Master, T. B. Brewin.

Questions for discussion are invited, and should be sent to the Hon. Secretary of the Students' Union before March 13th.

GUY'S THEATRE CLUB.

The Box Office will open in the Students' Union Office on Monday, March 1st, at 12.30 p.m., and will be open from 12.30 to 1.30 p.m. each day.

Admission is free, but a collection will be made at each performance and profits above the cost of production will be given to the Hospital Wireless Fund. (See Guy's Diary.)

CHANGE OF ADDRESS

S. Balfour-Lynn, M.B., B.S., 20, Winnington Road, London, N.2.
L. R. McLaren, M.B., B.Ch., 57, Godstone Road, Purley, Surrey. (Tel. Uplands 8006.)
J. R. Audy, M.B., B.S., Institute for Medical Research, Kuala Lumpur, Malayan Union.
P. R. C. Evans, M.D., M.R.C.P., Plas Gwyn, Minera, near Wrexham, N. Wales. (Tel. Coed Porth 13.)
C. R. Neve, F/Lt. R.A.F., Officers Mess, R.A.F., Mauripur, Karachi, 13 Armed Forces, Parkistan.

Eds, {H.A.R. / R.A.K-E.

GUY'S HOSPITAL GAZETTE

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PASSIM

THE GAZETTE is a journal which is representative of the opinions of the hospital as a whole, and through its correspondence a very fair cross section of a wide variety of opinions may be obtained. In this issue we publish for the first time a letter pertaining to the problem of State medicine. This has been published, after considerable thought, because it expresses a definite opinion in a clear and reasonable manner, and successfully avoids the pitfalls of dogmatism and partisanship which have been such an unfortunate feature of the conflict between the B.M.A. and the Minister of Health. It will almost certainly precipitate an avalanche of correspondence, for it expresses the minority opinion in no uncertain terms, but it is to be hoped that any further discussion it may promote will be of an essentially constructive nature. The time for " mud slinging " and " vulgar abuse " is over, and it is the duty of the profession as a whole to come to some compromise with the Government whereby the National Health Scheme is either suitably modified, or else postponed pending further discussion. To enforce the Act in its present form, with current feeling against it running so high, is to invite a disaster, which will do much to weaken the faith of the public in a profession whose avowed aim is to serve them to the best of their ability.

The last three months have seen more loose thinking about the Act than at any time since it was first mooted by the Coalition Government. This has been due, in no small measure, to the unfortunate way in which politics has crept into all arguments pertaining to the Act. The opposition of the majority of the profession is based on a fundamental dislike of the principles of nationalisation, and that opposition would have been as adamant if the Bill had been sponsored by the Liberal or Conservative parties. All the differences and controversies between the B.M.A. and the Government (and the Opposition for that matter) can be crystallised in one principle, namely, that the profession demands the right to retain its complete independence. And is this after all such an unreasonable attitude ? The whole conception behind a democracy is that the individual should be free to do what he likes when he likes, provided it is not actively " anti-social." Freedom of speech and thought, freedom to come and go as you wish, the principle that the Englishman's home is his castle, are all part and parcel of the same theme. It is part of our national make-up to want independence, and when it is threatened we not unnaturally fight to preserve what we believe to be our rightful heritage.

How then does the National Health Act, in its present form, threaten the freedom of the profession ? Firstly the question of the right of appeal to the courts. In this country we are proud of many things, but outstanding is our pride in British justice, which we hold to be supreme. It is not for nothing that Lord Justice Lawrence presided over the supreme international court of jurisdiction which tried the Nazi leaders. Yet in spite of this, appeal to a British court of law is refused to those members of the profession who are prepared to work the Act. What indeed, you may say, have the Government to fear from British justice ?

Secondly, that bone of contention, the basic salary. Initially it was the aim of the Government to provide payment by a fixed salary only, and that is still the ambition of many Members of Parliament, sitting on both sides of the House. However, after prolonged discussion the Minister of Health agreed to pay by capitation fee, but he insisted on retaining a basic salary of £300 per year. His reason for doing this, which is superficially logical, is to give a good start to the young doctor just entering practice. However, any doctor who has taken over a bona fide practice automatically takes over

the patients of his predecessor, and hence would earn approximately the same sum per year as did the doctor who sold him the practice. Furthermore, under the State Scheme, he would be given the practice, and so would not have to bear the additional burden of its cost. Thus it follows that the new doctor is no more in need of this £300 than is the long established doctor, and a sliding capitation fee would be equally acceptable to both. Why then retain the fixed salary? Presumably because at some future date some Government (not necessarily this one) may wish to increase the basic salary at the expense of the capitation fee. This would involve special legislation if there were no basic salary, whereas if there was one, however little it may be, it would be an easy matter to pass an extra clause amending the scale of payment. This danger is a very real one, for were it to become a permanent feature, it would inevitably result in a standardisation of the profession, so that the good and the bad, the hard working and the idle, would all receive the same basic salary. This principle is abhorrent to many, and accounts for much of the opposition to the Act.

The final issue is that of the sale of practices. To a doctor his practice is his capital; without it he has nothing, and what is more, without it he has no bargaining power. Once a satisfactory State scheme is functioning however, bargaining power will be of no value, and then the majority of doctors will be only too ready to sell their practices to the State. But what if they sell now? They cannot then stay out of the scheme, or disagree with any portion of it, without the constant threat hanging over them that they can be dismissed—without appeal to the courts—at a moment's notice. They are in the same position as the tenant who disagrees with his landlord. If it comes to a show down, the landlord always wins. In these circumstances the doctors can hardly be expected to sell their practices until they are assured that their independence will be guarded and respected.

This, the case for the opposition against the Act, has been expressed at some length, because at the moment the opposition holds the trump cards. The Health Act will not work unless the doctors come in, and the doctors will not come in unless their grievances are righted, or better still explained away. The only solution to this deadlock is for further negotiations to take place, for that a National Health Scheme will come in, in some form or other, is inevitable.

Judging by the uncompromising statements issued by the B.M.A. and the Minister of Health, further discussion between these two bodies would appear to be fruitless. Moreover as the B.M.A. apparently have the support of the majority of the profession, a support possessed by no other body, it would seem essential that they must be the spokesmen for the profession in any further discussions which may take place. On the Government's side it is equally clear that what is needed is a Statesman, not a politician, and if one cannot be found within the Cabinet, one from outside, perhaps outside Parliament itself, must be found. If such a man can be found, and if the B.M.A. approach the problem with a view to finding a compromise, and not with a view to proving the scheme to be unworkable, the Act may yet come into force having behind it the whole-hearted co-operation of the medical profession.

We offer our congratulations to the following Guy's men who have been elected Fellows in Dental Surgery of the Royal College of Surgeons of England:—

Professor H. R. B. Fenn; Mr. J. T. Hankey; Professor W. E. Herbert; Mr. J. James; Professor E. Matthews; Mr. B. Maxwell Stevens; Mr. J. B. Parfitt; Mr. G. B. Pritchard; Professor M. A. Rushton; Mr. J. A. Wright; Air-Commodore L. Somerville-Woodiwis; Mr. G. G. T. Tregarthen.

Professor R. V. Bradlaw has been appointed Dean of the Faculty of Dental Surgery of the Royal College of Surgeons of England.

After thirty-three years service as architect and surveyor to the hospital, W. J. Walford, F.R.I.B.A., is retiring. Amongst the outstanding buildings which he designed, and for which he will be long remembered, are Nuffield House, York Clinic, Shepperds House, and the Medical School Pathology Block. To succeed him, H. Warwick Daw, F.A.I. has been appointed as Surveyor, and Alner W. Hall, F.R.I.B.A., as architect.

Some Dental Aspects of Criminal Investigation

A Lecture delivered by KEITH SIMPSON, M.D., at Guy's Hospital Dental School, on Tuesday, December 16th, 1947.

GENTLEMEN,—Most of you, sooner or later, will have some contact with the law. I hope such contact will be of both pleasurable and profitable kind. The medical man when asked for assistance by the law—usually by the police—does not always acquit himself very well, and the usual reasons are that he is not ready, not possessed of the facts because his records are insufficient, or his knowledge of his subject is so rusty that he cannot quickly provide an opinion which the law requests of him concerning some piece of objective evidence.

I cannot help you very much with regard to the first of these deficiencies; the remedy rests with you. I hope that you will see from what I am going to show you how enormous are the advantages of having your records complete. Concerning the last item, lack of knowledge, you will, by the time you have finished training at this school, be so equipped professionally that you will, I hope, not fail to shine when your opinion is asked on any common or uncommon matter which you might reasonably be expected to know.

COLLECTING THE EVIDENCE.

In the investigation of crime the C.I.D., in pursuing their enquiries, are usually collecting facts, most of them objective plain facts as to what happened, how the crime took place. The police hope that there will be enough plain facts of the occurrence to enable them to build up a case by which they may properly prosecute some individual who appears to be responsible for what happened. In addition they will be collecting a number of subsidiary facts, what is called circumstantial evidence, things that surround the main body of what has happened and have some bearing on it.

It is among these subsidiary facts outside the main body that scientific observation or evidence lies. The evidence will be concerned with the results of the crime, or with the circumstances surrounding it in their scientific aspects. It will be concerned with the state of the body, of the blood, of the hair, weapons, of portions of the body that may have been detached, of remains of the body left behind, of clothing and the marks on clothing. That sort of study by persons with some scientific training produces a kind of circumstantial evidence which, if such study has been properly conducted, is as valuable as any such evidence the police may have; indeed it is the more valuable because it comes from persons who are quite disinterested in the prosecution of anybody. The scientific witness, the doctor, the dental surgeon, is a witness as to some observation he has made on the body, some study of injury, some minute examination of injury to teeth or of blood or other stains; he is a witness to that fact, and in addition he may be a skilled witness of some observation drawn from it.

For you and me that is the only aspect of criminal investigation which is of interest. We are not sleuths; nor should we seek to hide the fact that our part in any criminal investigation will be confined to cool, unhurried, disinterested observation of some fact from which a scientific or professional deduction might be drawn. If you remember nothing else of what I tell you or show you this morning, will you please take this away with you, Never allow the interest of the case, the excitement in it, to carry you away. Never allow yourself to be drawn into making some inference that is not quite proper. Never allow your evidence to be moulded in some way to fit what the police think to have been the course of events. Make your observation and your cool and quiet deduction from it and let the Law have it. Let them ask you in what way the observation you have made may reflect on the facts ascertained, but never be drawn into making an improper deduction, some inference without a good basis.

I am not talking to you in this way merely to mould you into some good and admirable form of witness who will shine in court. I am telling you this because that kind of evidence and that alone will enable you to withstand cross-examination. If you make some observation which is just and proper and the inference is good, you can support it, you can give your reasons for it, and you need fear nothing in cross-examination, but if you make an inference which is improper it will not take any highly-skilled counsel long to break you down and send you out of the box looking a very sorry figure indeed.

ATTITUDE OF THE CROWN.

One last word on this subject. What about the law in regard to prosecution? Is the Prosecution trying to press you to push your opinion that little bit further? Well, gentlemen, it is not. The law is prosecuting, not an individual, but the truth. The law is operating to preserve order, and to do that the law must plainly be fairly administered. It has often been said that not only must justice be done but it must also appear to be done.

Let me give you one instance of the extreme fairness of the Prosecution. Several years ago a man broke into a public-house in Portsmouth. He entered by a back window which he forced and he robbed the house of a considerable sum of money. During his robbery he unfortunately murdered an old lady who was awakened and struggled with him; he strangled her. He made a getaway, and got to London, where he was finally caught. One vital piece of evidence connected him with the crime. This was a tag of thread and a button which had been caught on the ledge of the window by which he broke into that house. It was vital evidence; it showed that he had been there, for that thread and button were identical with the thread and button from his coat, from which one button and a piece of thread were missing at the time he was caught.

This is where I show you the propriety of the law, how fair it is in its administration of justice. That thread and button were from materials issued only to those who had served a term of penal servitude for some penal offence; they were from garments issued on leaving prison. If that evidence had been produced in court at the trial it would have shown the jury that this man was already a convict. The Director of Public Prosecutions very fairly decided that he could not use that vital piece of evidence. I could give you many examples like that but I mention that one to show how fair the law is.

DENTAL EVIDENCE IN CRIME.

I want now to show you a number of lantern slides illustrating dental surgery and its practice in relation to criminal investigation. Sometimes your study of the victim of a crime may be confined to an expression of your opinion about some facial injury in which the jaw and teeth have been concerned. Here is a photograph of a man whose body was found in a ditch near London. He had extensive facial injuries involving the upper and lower jaw, plainly the result of direct impact from the radiator of a vehicle. The case turned on whether the man had been the victim of a street accident or of a beat-up.

There are also a number of more complicated facial injuries in the construction of which you may assist. About two years ago the body of a man was found concealed in a spinny near Bedford. The upper part of the body was disintegrated and the condition of the head and skull can be judged from the photograph I show you. The bones had fallen apart, the teeth had fallen out, and in fact by the time I had arrived the teeth were missing and it became very important to go back and search the scene of the crime, and, if possible, to find these missing teeth. Nothing of that kind must be regarded as too much trouble because of the necessity of reconstructing the way in which the injury was caused. It became very apparent that in this case most extensive injuries had been sustained. The left side of the nose had been crushed, and although the scalp had since rotted away, there had evidently been a splitting of the orbit rim skin. Violent blows had been sustained in addition over the mouth and across the left side of the jaw. A number of teeth had been broken away. There was also a comminuted fracture of the left lower jaw and a fracture of the neck of the lower jaw on the opposite side, and the right side of the face had finally been beaten in. This is just the kind of injury in which you will be asked to reconstruct the manner, and perhaps order, in which the injuries were inflicted.

These wounds were, thus, an injury, relatively trivial, in the neighbourhood of the left eye; a second, much more serious, likely to have caused grave bleeding into the mouth, but not to have produced unconsciousness; a third in the classical knock-out situation on the left side of the jaw, likely to throw the head sideways and cause unconsciousness and finally a "bashing" in of the face whilst on the ground. It was reasonable to suppose that the injuries had been sustained in that order, from the trivial to the more serious, then to the disabling, and finally to the killing. That is only a reasonable inference, a proper deduction, and in fact when a young man was arrested and charged with the murder he told a story which reconstructed those blows in that

order. That young man's story could be tested stage by stage with what was already known by inference from the scientific evidence.

Next, I show you a head injury caused by a pole or bough and the case rested partly upon evidence that hair from the head and from the eyebrows was found on a bough found 400 yards away, which must have been the weapon causing the fatal injuries. Subsequently the man concerned admitted that this was the manner in which the crime had been committed.

I show you now, as evidence of injury *by* the teeth, a photograph of the first of Heath's victims, who was found dead on the bed in the position shown. There were bite marks over the breast and the nipples had been bitten away. The woman had been suffocated on the face whilst turned over. The impressions of the teeth left in the skin compared in exact detail with the teeth of the murderer when eventually he was arrested. You will remember that he contrived a short tour of the South Coast before he was apprehended at Bournemouth, but not before, unfortunately, he had waylaid another girl there and murdered her in an even more sadistic way.

I show you next an example of the staining of a pillow by an epileptic who was suffocated while lying on his face, and here too, there was an imprint of the teeth pressed into the pillow. Bleeding from the mouth resulted in asphyxia; hæmorrhage broke out from the lungs, and an imprint of the front teeth was left on the pillow against which the face lay. This was a piece of observation from which a strictly limited inference might be drawn. You and I would not be led into saying that it implied that the person was held down on the face. The epileptic was lying on his face and asphyxiated while in that position.

In addition to such injuries to, or by the teeth, there is another important aspect to the study of the teeth in relation to criminal investigation.

TEETH AND IDENTITY.

Identifications can be made from the teeth first from the point of view of age and, what is even more important, from the point of view of individuality. As regards age I propose to show you very little. You all know, as dental students, how the dentition of the jaw develops and fades from birth through childhood and adult years up to old age, how the deciduous teeth are succeeded by the permanent teeth and how finally the edentulous condition becomes established. By the study of the progressive eruption of the various teeth information can be obtained concerning age which is fairly reliable from childhood up to the age of about 23 to 25. Thereafter for identification reliance must be placed on skull sutures and on the character and form of the bone. Less reliable information is forthcoming from this source in later ages. But even when the teeth have not yet appeared in the infant up to the age of six months much useful information may be obtained from a study of the germination. The details of this are matter for ordinary study so far as you are concerned, and for reference to the books so far as I myself am concerned.

One other point about something which is often overlooked. Even when the dental eruption is rather eccentric, and the wisdom and permanent molar teeth do not erupt, information may still be obtained from their structure because at the age when it would be expected that these teeth should erupt calcification of the roots is being completed. I show you the X-rays of the teeth of the younger of the Ruxton victims.

Here, again, is an example of the importance of being able to estimate the age of an individual, in this case a small child, from the teeth. I show you a picture of the lower jaw of a child which was found in a back-garden in the Ealing neighbourhood. When bombing started in London a child of about 2 years, who had been seen to be running about in a garden in that part of London, was noticed by the neighbours to be missing. The woman in the house, whose husband was overseas, was associating with a soldier who came to the house frequently; he was not the father of the child, but the woman was the mother. The neighbours started gossiping about the disappearance of the child and eventually they went to the police.

The police made at first polite enquiries, then more urgent enquiries, finally stern enquiries, and they started digging in the back-garden. The woman's story was that she had sent the child away to a relative in the country and that story was found to be false. The police found in that garden the lower jaw of a child aged about 2 years.

I need hardly explain to you from this diagram that this is the lower jaw of such a child. Unfortunately there was no evidence to show when the child to whom the jaw belonged had died nor how it died, and this being the only discovery that mother was never charged because of lack of evidence.

In addition to the jaw, the skull will afford information. The closure of the sutures both of the vault of the skull and of the hard palate will enable you sometimes to say fairly accurately the approximate age of a middle- or later-aged subject.

I want now to give you two examples of criminal investigation in practice which will enable you to see how these principles operate and how successful they may be. In the first case the outcome was largely by accident successful; in the second case it was more deliberately designed.

On a foggy November afternoon in 1943 the body of a woman was found in a stream near Luton, barely submerged. It proved to be quite naked, and was wrapped in 4 potato sacks. It had been stripped of everything by which it might have been identified, including dentures. It was the body of a woman of 5 ft. 3 ins., dark-haired, aged about 35, without teeth, and with an appendix scar. She was shown to have been an undoubted victim of manual strangulation, and this made it plain that it was a case of murder, for one cannot strangle oneself by the hand. Marks of fingers lay on both sides of the neck. The photograph of the woman was shown at a local cinema, but although her two children were present they failed to recognise it, and, in fact, she was not identified for nearly three months.

The police made most exhaustive enquiries. They interviewed over 250 lorry drivers who had driven near the scene and might be expected to have seen something. They traced 404 "missing" women, and accounted for 681 other women through "postes restantes." They searched refuse bins and dumps throughout Luton and its neighbourhood for any evidence as to what might have become of the woman's clothing. There was no piece of evidence by which they could identify this person. They carried out a house-to-house enquiry. The woman was, however, eventually identified by the finding of a dyer's tag from the loose lining of a piece of coat found in a refuse bin, and finally a photograph of her was obtained which shows no small contrast, as you see, with the picture obtained after death.

Enquiries were started which proved that this woman had been missing at about that time. Her husband admitted to having quarrelled with her, bashed her with a wooden stool, and strangled her. He had wheeled the remains, tied up in potato sacks, on a bicycle through Luton and tipped her into the stream outside the town. The police surgeon who first examined her thought the wound to her face might have been a fire-arm wound. X-ray taken to locate a bullet proved otherwise and happened also to show residual roots. This woman had had incomplete extraction of teeth, of the upper seven and eight on each side. There had fortunately been made a model of her upper jaw which recorded the incomplete extraction. Early in the enquiry dental surgeons had been circularised about the case and asked if they had attended a woman like this. Eventually this woman's dental surgeon was discovered and he produced from his records the model he had taken of her jaw. I am not going to pretend that the dental evidence in that case would stand shrewd and hard-hitting cross-examination, but it was a very interesting and valuable confirmation of the other findings.

The other case I have to relate was a very much more successful one from the point of view of dental evidence. Here the dental evidence was absolutely vital. During July, 1942, a body was found by workmen buried under a slab at the back of a Baptist chapel in Vauxhall. The arms had been cut off at the elbows and the legs at about the knee. There had been some burning of the body at various points, not one big fire, but several little fires, in an evident attempt to dispose of the body. There was no doubt that it was a woman's body, for there was a uterus which was enlarged, so that it was at first thought it might be a pregnancy, but the enlargement proved eventually to be a fibroid tumour. The general features of the body, the degree of decomposition and disintegration, suggested that it had been buried there for from twelve to eighteen months. The woman's stature was established, for despite the amputation of the limbs it was possible to estimate her approximate height. Such estimations can be made from a single long bone. It was found that lime had been sprinkled on the body and had preserved part of it; among other things in the body it was found that one of the thyroid cartilages had been fractured and this raised the strongest suspicion of manual

strangulation. There appeared to be no doubt that this was a woman who had been strangled, partly dismembered, and buried for eighteen months. This was at the time of the London blitz, but it was clearly not the result of enemy action. I show you a reconstructed group of the remains which gives an approximate estimation of the various points with regard to identity and age. From the sutures in the skull it was obviously an adult person. The height, 5 ft. 1 inch. When the inter-parietal suture begins to close in front the age may be placed at from 40 to 50. From other indications it appeared that this woman was in the late forties. A "tag" of hair was found, which was dark brown, going grey. There was also that fibroid tumour of the uterus, revealed by X-ray examination.

But the teeth supplied the really vital evidence of identification. In the upper jaw on the right side the teeth 6, 7 and 8 were in place with fillings in 6 and 7, and on the left side 6 with fillings. The palate had rather a high arch and there was a good deal of thickening of the weight-bearing region of the upper jaws. In fact, in a case of this kind, the dental data may well be almost as detailed as the finger print.

We had, then, the following points of identity, as set out in the police record which I reproduce on the screen: a woman buried from 12 to 18 months; height 5 ft. 0½ ins.; age 40 to 50 years; hair, dark brown going grey; with uterine fibroid; and finally the details of the teeth.

During this period the police had been making enquiries and had found that the wife of the fire-watcher at this church had disappeared. She had last been seen quarrelling with her husband in April, 1941, 15 months previously. Her disappearance had been reported to the police. They had questioned the fire-watcher and he denied any knowledge as to her whereabouts. About four or five days later a fire broke out in this Baptist church cellar, and *the attention of the fire-watcher was drawn to it* after nearly two hours by a passing constable. When the police went down into that cellar a few days after disappearance they found no body, but underneath the church there was a conveniently sized hole in the ground about 6 ft. long and 1½ ft. wide, with a spade nearby. Nothing further came of it at that time, and the body was discovered 15 months later by workmen who were demolishing the chapel. The wife of that fire-watcher had then been missing for fifteen months.

It was proved that she had had a fibroid tumour for which she had attended at hospital but had refused operation. She had had dental treatment. This was traced to the premises of a dental surgeon in North London, and his detailed records proved to be absolutely identical with the upper jaw details of this woman. The dentist had drawn a kind of diagram, and this proved to be most useful to the police. The dentist said that on the left side in the region of the upper four or five, residual roots had been left behind. I shall not forget that dental surgeon being brought down by the police to see the remains. It was on an Easter Monday morning and I remember the way in which he exclaimed immediately he saw the skull on the bench, "Why, that is my patient." He recognised his patient from her jaw at once, having already provided the data. It was established by Mr. Kelsey Fry, whom we called in, that in the left upper jaw there were residual roots in the region of 4 and 5, one of which he demonstrated to be just visible through a miniature aperture in the jaw, gradually working its way towards the surface.

Last of all, as a piece of negative proof, a snapshot of the woman taken at the seaside was obtained and enlarged and superimposed over the X-ray of the skull—the negative over the X-ray positive of the skull—and in every respect you can see that X-ray negative fits just like a mask. That proved that it was not the skull of some other woman.

In that particular case you can judge for yourself the value of the identity which the dental information afforded. It was most detailed, and at the same time it was most independent and disinterested testimony. It had that value because the dental surgeon concerned had had complete records of his patient. It illustrates to you one respect in which dental records deserve the utmost care and attention, and how important they may possibly become in criminal investigation.

Well, gentlemen, do not forget the remark I made earlier. Never let your enthusiasm carry you away from your strict records, your proper observation, your reasonable deduction. Do not attempt more than that. Keep to those principles, and if any part in the investigation of crime comes your way, you may reasonably anticipate the satisfaction which has been evident in some of the instances I have shown you to-day.

Obituary

HARRY PAYNE.

BY the death of Dr. O. V. Payne, of Alton, Guy's loses a firm friend and one who in his day played a great part in the life of the Hospital. He was a remarkable Rugby footballer, playing scrum half for Cambridge and for England, although he never weighed much more than nine stone and his height was about five feet and five inches. Very fast and unbelievably accurate in his passes, in spite of his stature, he could also completely bottle up the activities of an opposite number who seemed twice his size. He paid the penalty of the small man in Rugby to the full and was constantly being badly hurt. Indeed towards the end at Guy's he had to give up playing altogether because of a knee which refused to recover.

Payne came to Guy's in 1901 and was a dresser in the same batch with Hurst, Hughes, Mollison and Sheaf, and in the team with Teddy Morgan, O'Brien, McEvedy, Harrison and Alcock.

Everybody liked him and predicted for him the success which he soon achieved in general practice. Alton, like Guy's, soon came to know his value and grew more and more dependent upon him. Latterly he suffered much from arthritis, but he never gave up or ceased to care for the troubles of other people.—R.I.P. H.C.C.

Correspondence

National Health Service

SIR,—We are puzzled by the refusal of an overwhelming majority of the medical profession to serve in the National Health Scheme as proposed in the present Act. Personally, we have never relished the idea of being employed by the State. We would prefer independence. But we have seen that a national health service of some sort has got to come; and we have appreciated some of the ways in which it should improve the health of the country.

In recent weeks we have tried to discover exactly which sections of the present proposals all the fuss is about. We have been anxious to base our opinions on facts rather than on personalities, possibilities, or party politics. We have read *The Lancet*, whose arguments in favour of accepting the present Act seem to us to make sense; and we have read the *British Medical Journal*, whose views by comparison seem highly coloured and not always reasonable. We have read all about the four main bones of contention on which opposition to the Act is said to rest (*i.e.* the basic salary, the sale of practices, "negative direction" and the question of appeal to the courts) and are left quite unconvinced that the actual proposals regarding any of these points constitute the grave threat to the profession that they are supposed to do. It seems significant that in the recent debate in Parliament a usually energetic Opposition was not prepared to champion the B.M.A. point of view on any of these issues.

We are left with the "ah-but-this-is-the-thin-end-of-the-wedge" argument. If this is the real reason for much of the opposition to the present Act, it seems to us a pretty poor one. Surely the right time to obstruct or oppose these hypothetical evils, which it is said will threaten us, is if and when they arise. We ourselves hope to qualify next year, and should we join the Scheme have no intention of suffering gladly the bureaucratic atrocities which are so widely prophesied.

We are, Sir,
Yours, etc.,

T. B. BREWIN
F. G. ELLIS
R. W. GLENN
E. T. McGUIRE
R. G. NICHOLSON
A. J. SALMON
I. A. W. SCOTT
W. T. C. SYMONDS.

The Medical School,
Guy's Hospital, S.E.1.

Carcinoma Ventriculi.

SIR,—Undoubtedly this type of investigation is a very valuable one. It occurs to me, however, that statistical scrutiny would bring further advantage.

In the case of Mr. Channing's figures I cannot claim to have subjected them to expert testing. Nevertheless, by using the X^2 method it would appear from Fisher's tables that the value for P would lie between 0.10 and 0.05. Few statisticians, I feel, would care to endorse Mr. Channing's broad conclusions under these circumstances.

I am, etc.,

Guy's Hospital, S.E.1. ROY GOULDING.

Resident Chaplain

SIR,—A new Resident Chaplain will have taken over by the time this issue appears and I feel that you would like me to wish him success in his new appointment.

I hope the medical staff, particularly the Residents, who are likely to see him more often, will make themselves known to him, work in with him, and—this I say without hesitation—*make use of him.*

Doctors sometimes appear to forget what a Chaplain in a hospital is there for. Whenever I talk to medical men about the place and function of a padre in relation to the care of the sick, they are unanimous in their opinion that he can help patients in all sorts of ways where it is outside the domain, if not the power, of the physician to help. With the increasing number of maladies that appear to be psychological and (I would say) spiritual in origin, the need for help from a priest or minister, who has the gift of friendship and of gaining a patient's confidence, is all the greater.

In a hospital for nervous and mental sufferers in Surrey where I am going to work it is stated in the Chaplain's "standing orders" that he should be prepared "to collaborate with the medical staff in assisting in the restoration of the patient's mental and spiritual health." Such collaboration is, I believe, vital, whether in a mental or general hospital.

I have learned and received much more than I have given during my four years at Guy's. I owe much to the kindness and consideration of the staff, and in particular that body of trojans who succeed in the impossible—the Ward Sisters.

Denys Giddey's position will be different from mine in that he will have no duties outside the hospital: he has also the added advantage of being married—and a father at that—so I have no fears for him. Give him the hand of friendship and he will give you all the more.

Au revoir. Forgive my own shortcomings, and God bless you all in your splendid work.

VICTOR T. McCLAUGHRY.

The Chaplain's Room,
Guy's Hospital, S.E.1.

Decline of Politeness

SIR,—The following incidents occurred within the last five days:—

1. In the course of one lecture fourteen students arrived late—the last arriving twenty-two minutes after the lecture had begun. None of them apologised.

2. At a recent demonstration (which normally lasts half an hour), the Demonstrator arrived twenty-five minutes late. He did not apologise.

3. A Senior Surgeon arrived in his own Out-patients. No one stood up, and he had to manœuvre his way through countless chairs to reach his seat.

4. A student, whilst replying to an Honorary's question on a round, stood with his sport's jacket open and both hands plunged deep in his trouser pockets.

Yours, etc.,

"A SENIOR STUDENT."

The Medical School,
Guy's Hospital, S.E.1.

June's Departure

SIR,—To my great sorrow and surprise I heard to-day that "June" has left.

June has been the one constant "bright spot" in the College for many years. Always cheery and always willing, I feel sure that all will agree with me in desiring to give her a parting gift. I leave it to your ingenuity to arrange the details.

I am, Sir,

Your obedient servant,

DAVID BURNFORD.

Guy's Hospital, S.E.1

[Our ingenuity led us to approach Mr. Burnford himself, who has agreed to collect any gift that grateful diners wish to send to him, within a fortnight of this issue, and to pass them on to June.—*Ed.*]

Debating Society

A general meeting was called at 1 p.m. on 12th February, 1948, for the election of officers and discussion of future policy, with the hope that the single member, who attended the general meeting last term, had had sufficient time to gather some friends around him. This proved to be the case, twelve members being present.

Mr. Goulding relinguished his post as joint hon. secretary, and we would like to thank him for all the hard work he did on the society's behalf during his term of office. The officers elected were as follows :—

President : T. J. Evans, M.A.

Hon. Secretaries : T. K. Boenheim, J. Scorey.

Committee : J. Payne, T. B. Breulin, S. Epstein, J. A. Rycroft, Miss J. Montagu, P. A. Zorab.

At our first debate of the season, on Tuesday, February 24th, Mr. Goulding proposed the motion that " This house deplores the new look," and the result indicated that his forcible arguments were not wasted on the packed house. He was ably opposed by Nurse Brookes. Dr. Whillis, who was in the Chair, then threw the motion open to the house and a lively discussion followed.

It is hoped that tea, which preceded the debate on March 9th, will become a regular feature of our future meetings, and that the ventriloquists of our number, whom, we are told, speak from their stomachs, will be attracted by the cheap supplies to their oratory organs. Our next debate is to be on March 23rd, when Dr. de Nevasquez will be in the chair.

The committee has decided to abuse convention and hold debates during the summer term. They would also like to publicise the fact that suggestions for debates from members would be welcomed.

T. K. BOENHEIM.
J. SCOREY.

Guy's Diary

MARCH

ACADEMIC

15th. 1.00. Surgical Department. Exhibition in Gordon Museum. " Surgery of Bone Diseases."
Clinical Lecture. Dr. Munro. " Phenylketonuria."

16th. 12.00. Surgical Department. Further Demonstration in the Series of Operative Procedures. Th. III.
12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.
4.30. Demonstration of Endocrine Diseases Dr. Bishop. Preclinical Classroom.

18th. 2.30. Post-graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th. Surgical Block.
4.30. X-ray Meeting. Gordon Museum.

19th. 1.00. Clinical Lecture. Dr. Mann. " Bronchial Asthma."
2.15. Medical Department. Combined Round. Preclinical Classroom.
4.30. Hæmatology Demonstration. Dr. Waterfield. Pathology Lecture Th.

20th. 10.00. Surgical Department. Clinico-Pathological Meeting. Anatomy Th.

22nd. 3.30. Demonstration of Skin Diseases Dr. Barber and Dr. Forman. Preclinical Classroom.

23rd. 12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.
1.00. Clinical Lecture. Mr. Slesinger.

25th. 2.30. Post-graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th. Surgical Block.
4.30. X-ray Meeting. Gordon Museum.

28th. *Easter Sunday.*

SPORT and SOCIAL

13th. Rugby XV. *v.* Old Paulines (Thames Ditton).
Inter-Hospitals Hockey Cup Final.
2.30. Theatre Club. " The Black Eye."
7.45. Theatre Club. " The Black Eye."

17th. Association XI. *v.* Goldsmith College (H.O.P.).

18th. 4.30. Students' Union Brains Trust. Physiology Th.

19th. Rifle Club. ·22 practice.

20th. Rugby XV. *v.* Gloucester (H.O.P.).
Association XI. *v.* Civil Service (H.O.P.).
Hockey Six-a-Sides.
2.45. Boat Club VIII in Head of the River Race (Mortlake to Putney).

21st. Rifle Club *v.* Guardian R.C. and Imperial College R.C. (Bisley).

22nd. Rifle Club *v.* Queen Mary College (Home).

23rd. 4.15. Debating Society Tea in " Spit."
Debate on " Compulsory Exercise." Chairman Dr. de Nevasquez (see notices).

24th. 2.45. Guy's *v.* St. Mary's. Inter-Hospitals Rugby Cup Final (Richmond).

27th. Rugby XV. *v.* Penzance and Newlyn (Penzance).

Guy's Hospital Dental Society

Annual Dinner

ON Saturday, March 6th, the forty-second Annual Dental Dinner was held at the Park Lane Hotel. This bald statement hardly does justice to the organisers, for their arrangements were frequently upset by Ministry of Food regulations, and it was only at the last moment that a Buffet Reception could be organised. Nevertheless, whatever may have been their early forebodings, the dinner was an outstanding success, and well over 300 members of the Dental Society, and their guests, were present.

The occasion was an unique one, for it was the first dinner held by the Society at which ladies were present. This break with tradition, although deplored by a few die-hards, was welcomed by the majority of members, and in the future ladies, if members of the Dental Society or of the Medical Profession, will be welcome.

It is impossible in the space available to do justice to the many excellent speeches which were made. " Guy's Hospital and Schools " was proposed by Mr. A. Shefford, and the responses were by Prof. T. B. Johnston and Mr. F. S. Warner. " The Visitors " was proposed by Mr. E. G. Slesinger, Dr. E. W. Fish replying. " The President " was proposed by Prof. R. V. Bradlaw, and Prof. H. R. B. Fenn, this year's President, replied. The final speech of the evening was made by the Hon. Sec., A. H. R. Rowe.

Any reunion of Guy's men is destined to be successful from the outset, and this dinner was no exception. There was one moment during the evening, however, when our spirits fell, for we heard confirmed the rumour that Prof. T. B. Johnston, Hospital Superintendent, would shortly be leaving us. His face has become such a familiar sight at these dinners that it has come to be taken almost for granted, and it was with the most genuine regret that the Society heard of his impending departure. But when the appointed day does come, he can be assured that he will take with him the best wishes of the Dental Society for a long and happy retirement.

THE Annual Clinical Meeting of the Dental School was held on Saturday, March 6th. Over 600 Guy's men from all parts of the country, in addition to many students, returned to the school. The purpose of this meeting is twofold. Firstly, it provides a concentrated one-day post-graduate course, and secondly, it is for many the only opportunity of a reunion with their contemporaries and friends. It is also the largest gathering of Dental Surgeons in the Empire.

There were demonstrations in all branches of Dental Surgery, ranging from such things as major and minor dental operations and items of academic interest, to methods of facilitating mechanical procedures met with in the course of ordinary day-to-day practice. The following are a few brief impressions gathered during the day.

It was interesting to note the recent advances made in the scope and use of acrylic resins, both for prosthetic and conservative work; æsthetic and functional results were seen which a few years ago would have seemed a practical impossibility. The Department of Preventive Dentistry, of comparatively recent foundation, attracted many people, especially the operation of gingivectomy under local anæsthesia. The ionisation method of root-canal therapy was demonstrated, and the application of Penicillin to the treatment of infected root-canals evinced much interest. In the X-ray Department, the novelty was the stereoscopic radiograph, by means of which the exact position of any abnormality is much more easily detected. Films were presented in the Anatomy Lecture Theatre all day, ranging from Dr. J. H. Sillman's " Serial Study of Occlusion " to films on the care of the teeth and manipulation of dental materials. The meeting concluded with an excellent tea served in the Biological Laboratory.

A.H.R.R.
H.L.L.

Guy's Hospital Music Club

(*Excerpt from Cultural talk broadcast on the B.B.C's. Latin American Service on 20th December*, 1947.)

BY chance, I was present a couple of nights ago at a private concert given at Guy's Hospital, a medical institution of long tradition and great prestige in London. The programme was being given by the medical students and other members of the hospital staff. Their chorus accompanied by their own orchestra, began at eight

o'clock in the evening a recital of Christmas carols and a Cantata by Johann Sebastian Bach. I must confess to being somewhat surprised by the artistic quality of the rendering, in view of the non-professional character of its interpreters. Not less startling than the ordinary Englishman's deep devotion to choral music, is the fact that a body of workers dedicated to a profession, by all appearances, so far apart from music, should be capable of giving such a distinguished performance as was given by the students of Guy's Hospital last Wednesday night. What is more, if the lack of training and the fact that music is not their profession, were to be taken as a motive for a careful analysis of their interpretation, it would eventually have to be admitted, that their sensitive rendering of Bach's Cantata could provide the professionals with a practical lesson in zeal and enthusiasm.

I am bound to say that I was profoundly moved by the experience ; my eyes wandered over the brilliant gathering of Britain's future doctors and pretty nurses, and at the same time my ears were delighted by the pure harmonies of Bach's Cantata.

Reviews

An Introduction to Gastro-Enterology. By J. D. LICKLEY. 1st Edn. John Wright & Sons, Ltd., Bristol. *Price* 8*s*. 6*d*.

IT is clear from the pattern in which this study is presented that the author is conscious of the unfortunate lack of cohesion between our earlier studies of anatomy and physiology on the one hand, and the clinical approach to digestive diseases on the other. His aim, which has been largely fulfilled, is to integrate these sciences so that the clinician shall view disease on a background of anatomical and physiological facts.

Furthermore, the author is not hide-bound by anatomical boundaries but prefers to consider the divisions of the alimentary tract as limited by the predominant function of its compartments. Thus from a functional point of view he divides it into three segments: The first is preparatory and extends to the middle of the duodenum. The second is mainly concerned with digestion and absorption and extends to the middle of the transverse colon. The third is largely expulsive. Practical details of the anatomy and physiology of these regions are given with good illustrations.

The final section on clinical application is too condensed and over-simplified to be of much value except as a pointer to the line of thought engendered by the preceding chapters. These are excellent. The author is to be congratulated on a rational and original approach to a problem of ever-widening interest.

A. H. D.

Retropubic Urinary Surgery. By TERENCE MILLIN. 1st Edn. Livingstone. *Price* 25*s*.

THE usual approaches to the prostate have been (*a*) trans-vesical, (*b*) perineal, and (*c*) trans-urethral until Terence Millin in 1945 introduced the retropubic method of prostatectomy. He had already before this time exposed the base of bladder and prostate through the cave of Retzius in carrying out total cystectomies and then began using the same exposure for the prostate. The early results were most encouraging, the patients' convalescence was rapid, comfortable and smooth. To date he has carried out 400 of these operations and this monograph is based on these experiences.

The author limits his remarks to retropubic operations. The normal anatomy of this region is well described, and there are illustrations of the accessory pudendal artery and the abnormal dorsal artery of the penis, both of which vessels may be damaged during the operation.

Throughout stress is laid on the pre-operative treatment necessary for the "prostate case." Where there is marked renal impairment, steps must be taken to secure a return to normal function or to stabilise the kidney before surgery is undertaken.

After the operation further drainage is secured through a rubber urethral catheter. The bladder wall is not opened except at its neck and on this account bladder function returns to normal fairly soon after the catheter has been removed. Routine post-operative sulphonamides and penicillin minimise the urethritis associated with an indwelling urethral catheter and almost certainly reduce the incidence of infection ascending to the kidneys.

Ther is no doubt that the retropubic approach to the prostate has come to stay. The prostate bed can be visualised much better so that hæmostasis is usually excellent. The bladder is not opened and this spares the patient much of the discomforts of the old-fashioned suprapubic operation.

The author has also taken this opportunity of describing his fascial sling operation for stress incontinence in women.

The style of the book is clear and concise, and the illustrations excellent and helpful.

F. R. K.

Experimental Physiology for Medical Students. By D. T. HARRIS. 4th Edn. Churchill. *Price* 18*s*.

THE fourth edition of this well-known laboratory handbook bears the clear imprint of modern advances in the application of electronics. The medical student of to-day is credited with a quite considerable knowledge of radio devices and in this edition many of the old experiments have been adapted to these new techniques with the inclusion of a generous supply of circuit diagrams.

Although primarily designed for the students taking the actual course as outlined in the book, it provides a very useful survey of the experimental field to be covered by all students preparing for medical examinations, together with certain exercises of a more ambitious nature. The scientific discipline of accurate observation and measurement is stressed throughout and the author is rightly insistent on results being expressed in appropriate units ; this latter characteristic of the author may be a little terrifying to those readers with a limited knowledge of physics. The book is not designed to relieve the student of the necessity of performing the experiment, but it will help him in its design and will provide him with food for thought in analysing his results. This is the correct function of a practical manual.

Sport

RUGBY

GUY'S *v.* COVENTRY

at Coventry. Lost 0—17.
Saturday, 7th February, 1948.

Nothing could have been more shattering nor so well deserved as the defeat the Hospital received at the hands of those old rivals, Coventry. And paradoxically nothing could have helped in the cup training so much as this defeat.

Both sides were at full strength except for Eksteen who missed his first match this season. Coventry kicked off and attacked directly. Under heavy pressure the defence cracked wide open—the Coventry three-quarters were allowed far too much room both by the back row of the scrum and by our own line. First the Coventry forwards fell over our line in a body for a try, unawed and unconverted. Then Stock, scrum half, worked the close break on the open side of the scrum and literally walked to the line without a hand being laid on him. This was bad defence work of a kind rarely seen with the Hospital team this year. Five minutes later, however, he was allowed to repeat the move for a further try: this time the goal points were added. Following this the Hospital attempted to pull itself together and half-time came with no further score.

With the wind behind them in the second half, it was hoped that the team would play better football and at least reduce the Midland Club's lead. This, however, was pure wishful thinking, and to make matters worse they not only played bad football but in addition became what can only be described as "rattled" and bad tempered. Six penalties were awarded in as many minutes mainly against the pack; luckily none were converted. Coventry, however, scored twice towards the end of the half and ran out winners by 17 points to nil.

All that remains to be said is, Thank you to Coventry for the lesson and to Guy's this, learn by your mistakes—the cup will be at stake in the forthcoming matches. Learn to tackle hard, low and first time and what ever happens try to play good football even if you are losing. You may not win matches but at least you'll keep your reputation.

2ND ROUND HOSPITAL CUP
GUY'S *v.* BART'S.

at Richmond. Won 9—0.
Thursday, 26th February, 1948.

In bitter weather Guy's won the toss and with the wind behind them, lined up for the kick-off. Bart's came on to the accompaniment of mighty cheering which made the Guy's supporters sound literally like a voice in the wilderness. Bart's kicked off, lost 10 yards on the first scrum, and found themselves back on their own line. Some sturdy struggling pushed Guy's back, but not for long. The Bart's line held strong however and by dint of hard first time tackling successfully checked any progress of the Guy's three-quarter line. Their forwards were breaking rapidly in an attempt to kill any constructive move—too rapidly as was proved by two penalties awarded against them when the ball was held in the Guy's scrum. Both of these Tom Lewis converted to give the Hospital a 6—0 lead at half-time.

The second half was all Guy's, except for sporadic breakaways by lone raiders. Keeling hooked 9 scrums out of ten, and Guy's fed their three-quarters—to no effect. The cold wind and an enforced "lay off" for a fortnight had effectively taken the sting out of the Hospital attack and despite persistent batterings, Bart's line remained intact until midway through the second half. Then Cottier broke and passed inside to Cole who flung himself over for an unconverted try. On the result of this rather ineffective display, Guy's pass on to meet Middlesex in the semi-final.

HOSPITAL CUP SEMI-FINAL
GUY'S *v* MIDDLESEX

at Richmond. Won 7—0.
March 4th, 1948.

This was a needle match and one played, if not in the best Rugby football style, in the true hospital football spirit. Both teams were at full strength: Rumour had it that Middlesex had a very strong pack but weaker outsides. So to the game.

'Sex' kicked off—Guy's fumbled—fell on the ball and were harshly penalised. The kick was missed and the supporters revived. Scrappy play followed. Guy's were being shoved back yards in the scrum and 'Sex were well on the attack. A further penalty was missed, but at last the pack began to get on equal terms with the heavier Middlesex pack. Gradually they went onto the attack—heeling a little slowly but now and again getting the backs away in true style. Retief sold a perfect dummy, was flattened and concussed. Lewis tore a muscle and limped badly off the field to return in bandages a minute later. 'Sex failed to spot this defect and Lewis reigned supreme looking intact, but in fact far from it. Tackling became fiercer—Le Clus was hurt and the brothers exchanged places. The ball went out to Gray who, using his head as a pivot, moved his feet rapidly through a half circle to score near the post. Guy's crossed over three points ahead and their tails up.

After the interval, Guy's slowly began to wear down their oppoenents. Pressure was brought to bear—Birch crossed to find that half a foot had already marked the touch line. 'Sex broke away—Lewis tacked superbly but still the threat was there. Three penalties were awarded in a row—'Sex hopes rose and fell three times in rapid succession.

Roars from Guy's men sent the XV onto the attack as a vicious loose scrum formed on the Middlesex line. A set scrum was ordered which was wheeled successfully and with the Middlesex team all in the scrummage, Guy's heeled smartly for Le Clus to drop a fine goal. It only remained now to play the touch line for the last five minutes.

Special mentions are perhaps a little invidious but Malyon and Cole stood out well in the hard work; Eksteen and Raderman in immaculate tackling. Of the backs we must say that they played well, everyone of them, and a special word for Tom Lewis for a gallant display despite a painful injury.

"Battering equality" the *Evening Standard* called it—battering it certainly was but equal—well Guy's pass on to meet St. Mary's in the final at Richmond on March 24th. Good luck to them.

GUY'S *v.* LONDON WELSH

at Herne Hill. Won 8—5.
Saturday, 28th February, 1948.

Following the mid-week Cup game, Guy's faced stiff opponents in the London Welsh—champions of the "exiles"—on their home ground on the Saturday. Armchair critics in their abundance had brought forth a multitude of destructive criticisms, and as is so often the case little of constructive nature following the 9—0 defeat of Bart's: but despite this the team was unchanged, and acquited themselves well with an encouraging victory.

Following some heavy forward play the Guy's scrum gradually began to get on top of the Welsh pack, and as the game progressed the three-quarters were given a good share of the ball. To-day they threw it about in a lively, encouraging way and threatened the Welsh line at frequent intervals. D. Le Clus kicked a long goal just before half-time to give the Hospital a three point lead.

Shortly after half-time the Welsh went ahead with a goal scored as a result of confusion in catching a punt ahead. The Hospital, however, were not to be denied and maintained constant pressure. Birch playing in his first match made several excellent dashes, and fielding the ball on the half-way cut straight through the defence, kicked ahead when confronted by the full-back and fielding it again cleverly, scored an excellent try which D. Le Clus converted. Congratulations to the team for a spirited recovery.

GUY'S *v.* NUNEATON

at H.O.P. Won 9—5.
Saturday, 6th March, 1948.

The reaction of cup-tie football set in with a vegeance at H.O.P. on Saturday when Guy's entertained Nuneaton, a strong provincial side. Lewis and D. Le Clus were injured and Eksteen, Keeling and Lee in France with United Hospitals, Brunow however returned to the team as full back.

Play in the first half was lethargic and rarely at all exciting—Brunow saved the Hospital line on several occasions by vigorous tackling. The forwards however could never achieve the mastery of the Nuneaton pack although Robinson deputised well for Keeling. On the few occasions the three-quarters received the ball they threw it about in convincing style.

Nuneaton scored far out early on in the second half and added the goal points. Guy's line was in danger on numerous occasions and not until Brunow came to fly-half did the side liven up. Then, after Hobbs had retired with a broken nose, in a last desperate 10 minutes, the Hospital pulled the game out of the fire for which Brunow must be thanked. He dropped a neat goal and followed this with a gallant run with Birch who was pulled down feet short. Then almost on time he set his three-quarters away—the ball reached Retief who kicked ahead. The Nuneaton fullback fell on the ball—Gray took the full back and Hatton the ball over the line. Billingham added the goal points.

HOSPITAL CUP FINAL.

Application for grandstand seats for the Rugger Final on March 24th should be made to Mr. G. A. Walker, The Anatomy Department, Guy's Hospital.

ASSOCIATION FOOTBALL

HOSPITAL'S CUP—SEMI-FINAL.
GUY'S *v.* WESTMINSTER

at H.O.P. Won 12—1.
26th February, 1948.

Guy's reached the Final by means of an easy victory at the expense of Westminster. The score truly reflects the run of the play, although in the first fifteen minutes Westminster played very spiritedly, and it did not then seem likely that they would lose by such a margin.

Guy's were quickly two up by goals from Bayley and Lewis, but Westminster, aided by a stiff breeze, fought back well and forced four corners in quick succession, scoring from the last one. Guy's, however, reasserted themselves and added two more goals to lead 4—1 at the interval, the scorers being Skaith and Sturdy.

The second half was all Guy's and goals came at regular intervals from Sturdy (3), Leckie (3), Lewis and Skaith.

Thus Guy's passed into the Final to be played on Tooting and Mitcham F.C. Ground, on Wednesday, 3rd March, 1948 (k.o. 3.0 p.m.), where their opponents will be St. Mary's Hospital.

Team :—A. H. Whitaker, S. F. A. Westgate, P. J. Holloway, D. G. Matthews, H. R. C. Riches, P. A. Swift, R. Skaith, J. C. Leckie, D. E. Sturdy, N. I. Lewis, J. Bayley.

GUY'S *v.* B.B.C.

at Motspur Park. Won 9—0.
28th February, 1948.

Guy's had another walkaway victory against the B.B.C. who were handicapped by having to play one man short.

B.B.C. were never in the picture, and the only shot Whitaker had to save was a penalty (given for hands).

The scorers were :—Sturdy (6), Skaith (2), and Fearn.

Sturdy played extremely well, and two of his goals were remarkably well taken, and would have beaten a much sounder defence than the B.B.C's.

Such easy victories do more harm than good to the side, for it tends to make them much slower whilst in possession of the ball, which is shown up to bad advantage when playing a quick tackling side.

Team :—A. H. Whitaker, S. F. A. Westgate, D. Harris, D. G. Matthews, H. R. C. Riches (Captain), P. A. Swift, R. Skaith, J. C. Leckie, D. E. Sturdy, R. Fearn, J. Bayley.

INTER-HOSPITAL'S CUP FINAL
GUY'S *v.* ST. MARY'S

at Mitcham. Lost 5—0.
3rd March, 1948.

Guy s were most disappointing in this year's Final, and were deservedly beaten by Mary's, although not nearly so convincingly as the 5—0 score would suggest. The whole team with the possible exceptions of Leckie, Swift and Whitaker, played well below form, whereas Mary's, inspired by their Irish International Skipper, who is also strongly fancied for a place in Great Britain's Olympic XI, Denis Kelleher, rose to the occasion magnificently.

Mary's were slightly on top during the first half, and were leading 2—0 at half-time. Undismayed Guy's went out to wipe off the deficit, but received two further setbacks when a defender had the misfortune to deflect a centre into his own goal, and when the Mary's speedy centre-forward, Sullivan, whom the Rugger XV will also have to watch closely in their Final with Mary's, fired in a shot that was too hot for Whitaker to handle.

Guy's fought back, and had their chances, but the forwards were sadly off shooting form, although Skaith and Matthews both hit the woodwork and Sturdy had a shot kicked off the line with the goalkeeper beaten. Towards the end with the game well in hand, Kelleher popped up in the middle to head his second goal, and Mary's fifth.

We would like to congratulate Mary's on winning this year's cup, whilst vowing revenge in 48–49 season.

Our thanks are also due to our hosts, Tooting and Mitcham F.C. for staging this game so willingly and successfully at very short notice.

The enjoyment of the occasion was somewhat damped by the thief who visited the Guy's Dressing Room, and removed cash and items of value from almost every member of the team. This, we felt, rather accentuated the fact that it was not Guy's lucky day.

Team :—A. H. Whitaker, S. F. A. Westgate, P. J. Holloway, D. G. Matthews, H. R. C. Riches (Captain), P. A. Swift, R. Skaith, J. C. Leckie, D. E. Sturdy, N. I. Lewis, C. J. Bayley.

HOCKEY

INTER-HOSPITAL CUP, SEMI-FINALS
GUY'S *v.* WESTMINSTER HOSPITAL

Won—Walkover.

Won 6—0.

Unfortunately, Westminster were unable to play in the semi-finals, as three members of their eam were unavailable, and their substitutes were

ineligible to play in a Hospital Cup match. They accordingly gave us a walk-over, but sent a representative team to play us in a friendly match.

The Guy's side consisted of our regular team, only Vans Agnew was playing right back, and Dobson Smyth was left wing. The team was playing well, and soon had the Westminster defence sorely tried. In the course of a very friendly and pleasant game, Earl scored three goals, Kelsey Fry two, and Blake one. The forwards were playing well together, but several centres saw the ball moving majestically, but regretably, "unmolestedly," across the circle. The defence was never in serious danger of being penetrated, although there were one or two anxious moments in the second half. We thus preserved our record of having, as yet, no goals scored against us in a Hospital Cup match, and we pass on to play Bart's in the Finals, with confidence, if not with equanimity.

Hospital Information, etc.

NOTICES

GUY'S HOSPITAL—ASSISTANT SURGEON

Applications are invited for the appointment of Assistant Surgeon to Guy's Hospital. Copies of Standing Orders for the appointment can be obtained from the Superintendent to whom letters of application (twenty copies), together with names of three referees, should be submitted not later than 1st May, 1948, and from whom any further information desired can be obtained.

GUY'S HOSPITAL,
OPHTHALMOLOGICAL DEPARTMENT.

Applications are invited for the post of Chief Clinical Assistant and Registrar (2 vacancies). Duties to commence immediately. Appointment will be until 30th September, 1948, in the first instance. Honorarium to be at the rate of £275 per annum, for attendance on two sessions per week. Forms of application are obtainable from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, and should be forwarded with the names of three referees at once.

OBSTETRIC REGISTRAR.

Applications are invited for the appointment of Obstetric Registrar from 1st May, 1948. Appointment until 30th September, 1948, in the first instance. Salary £600 per annum. Forms of application are obtainable from the Dean, Guy's Hospital Medical School, to whom applications with the names of three referees should be forwarded not later than 31st March.

GUY'S HOSPITAL DENTAL SCHOOL VACANCIES.

Applications are invited for the post of Half-time Assistant (6 sessions per week) to the Director of the Department of Dental Prosthetics, to commence duties on 1st May, 1948. Salary at the rate of £550 + £50 to £750 per annum, plus superannuation and family allowances. Forms of application are obtainable from the Dean, Medical School Office, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than 31st March, 1948. Appointment will be until 30th September, 1948, in the first instance, when the holder will be eligible for re-appointment.

Applications are invited for the following posts, commencing 1st October, 1948:—

Dental Mechanics and Prosthetics.
2 Half-time Assistants to the Director of Dental Prosthetics.
2 Demonstrators for 2 sessions each per week.
2 Demonstrators for 3 sessions each per week.

Dental Surgery.
3 Half-time Assistants to the Director of the Conservation Room.
1 Demonstrator for 1 session per week.
2 Demonstrators for 2 sessions each per week.
4 Demonstrators for 3 sessions each per week.
Administrative Dental Officer (Half-time).

Dental Diseases of Children.
1 Half-time Registrar (6 sessions per week).
2 Part-time Registrars (3 sessions each per week).

Preventive Dentistry.
1 Half-time Director.
2 Half-time Assistants.

Dental Bacteriology.
1 Assistant Clinical Pathologist (Dental).

Dental Histology.
1 Demonstrator.

Forms of application may be obtained from the Medical School Office and should be returned on or before Friday, 7th May, 1948.

LONDON CLINICAL CONFERENCE.

The London Clinical Conference of the B.M.S.A. will be held on Wednesday, 17th March, from 10.15 a.m. to 5.0 p.m. (Owing to the large number of delegates attending it is regretted that no accommodation will be avilable for Guy's students other than official representatives). Demonstrations will be given by Mr. Atkins, Dr. Keith Simpson, Dr. Hills, Dr. Boland and Dr. Mann.

PASS LIST

SOCIETY OF APOTHECARIES OF LONDON.
FINAL EXAMINATION.
February, 1948.

Surgery.—M. P. Coplans, *D. J. Sheerboom.
Midwifery.—R. A. Bruce, W. G. Burvill-Holmes.

* Has completed the examination.

SOCIETY OF APOTHECARIES OF LONDON.
FINAL EXAMINATION.
January, 1948.

Surgery: A. C. Bojè.
Pathology, Bacteriology and Forensic Medicine: M. P. Coplans, K. B. Kenyon, D. K. Sheerboom.
Midwifery: M. Caller, M. P. Coplans.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.
January, 1948.
F.R.C.S.
Primary Examination.

C. A. G. Cook	W. Sewell
O. M. Jonathan	J. G. Stubbs
J. P. Rochford	R. Wadia

ROYAL COLLEGE OF SURGEONS.
Diploma in Public Health.

L. R. B. Birt	R. B. Illing

ROYAL COLLEGE OF SURGEONS OF ENGLAND.
Fellows in Dental Surgery.

Professor H. R. B. Fenn	G. B. Pritchard
G. T. Hankey	Professor M. A. Rushton
Professor W. E. Herbert	J. A. Snarey Wright
J. James	Air Commodore L. Somerville-Woodiwis
Professor E. Matthews	G. G. T. Tregarthen
B. Maxwell Stevens	
J. B. Parfitt	

ROYAL COLLEGE OF SURGEONS OF ENGLAND.
L.D.S.
FINAL EXAMINATION.
January–February, 1948.
Part I.—Surgery.

E. J. Beaton	L. G. Richards
C. N. Furnivall	J. G. Whitelegg
K. Gorgodian	S. L. Woolgar
D. G. D. Harris	

Part II.—Dental Surgery.

J. L. Attenborough
B. Engelsman
K. Gorgodian
M. W. Harber
J. B. Harris
J. K. Keen
R. L. Leader
J. W. McLean
G. Narewczewitz
L. G. Richards
A. P. Rowland
P. H. Smith
D. F. Waller
J. R. Waller
K. D. Watts
C. R. Wilkinson
R. S. Wilson

APPOINTMENTS

J. R. Audy, M.B., B.S., has been seconded from the East African Medical Service to be medical officer in charge of a Scrub Typhus Research Team in Malaya (Colonial Development and Welfare Scheme, provisional establishment of the Colonial Medical Research Service) as from April, 1947.

Air Vice-Marshall A. F. Rook, F.R.C.P., has been appointed to the Department of Medicine Cambridge University.

S. Balfour-Lynn, M.B., B.S., has been appointed Prosector and Demonstrator in Anatomy to the Royal College of Surgeons of England.

THE HOCKEY DINNER.

The Annual Dinner of the Hockey Club was held at "The Harrow" on January 18th. We were honoured by the presence of The President, Dr. Marston, and two of the Vice-Presidents, Mr. Bulleid and Mr. Hooper, the third, Mr. Morgan, could not attend owing to illness. Thirty-five members of the Club were present.

The food was excellent. The speeches of the guests bespoke an appreciation of the officers of the club and the keenness of its members. In replying, Mr. Murray (Captain) and Mr. Danford (Hon. Sec.) thanked the President and the Vice-Presidents for their interest in all the club's activities, and the members for the whole-hearted support that has made a successful and enjoyable season.

LEAP YEAR DANCE.

This dance, organised by The Sudents' Union, on the 11th February, was an unmistakable success. Porchester Hall has a good and expansive floor, and although there was a large attendance (the tickets were very reasonably priced) there was ample space to perform such gyrations and manœuvres as are contained in the ordinary repertoire, which made it a dance with a difference. White ties, blaek ties, lounge suits, tweed suits, jackets and flannels were all in evidence. Nobody minded and everyone appeared to be enjoying themselves, even if the bar did close a little prematurely. Perhaps those lucky people who won the most generous prizes of alcoholic liquid refreshment in the raffle, were dispensing them promptly and generously.

AWARD

The Queen of the Netherlands has conferred the following appointment to the Order of Orange, Nassau, in recognition of services to Netherlands interest during the war.

As Officer—Maurice Mitman, M.D., F.R.C.P.

CHANGES OF ADDRESS

M. J. Blunt, M.B., B.S., 5, Viceroy Lodge, Claremont Road, Surbiton, Surrey.

I. S. MacLeod, M.B., B.S., 29, Perry Rise, Forest Hill, S.E.23.

PAPERS BY GUY'S MEN

Allsopp, C. B. The action of Radiation on Dilute Aqueous Solutions. Introductory survey of experimental data. *Brit. J. Radiol.*, Suppl. No. 1, p. 43.

——. Theories of the Biological Actions of Ionizing radiations. *Brit. J. Radiol.*, 1948, **21**, 72.

Clarke, C. Astley, and Another. Curare in oil in the treatment of spastic conditions. *Brit. Med. J.*, 1948, i, 289.

Dowling, G. B., and Others. Vitamin D in Treatment of Cutaneous Tuberculosis. *Brit. Med. J.*, 1948, i, 430.

Ellis, R. W. B. Effects of War on Child Health. *Brit. Med. J.*, 1948, i, 239.

Fourman, L. P. R. The absorption of Xylose in Steatorrhœa. *Clin. Sc.*, 1948, **6**, 289.

Fox, Wallace. Clicking Pneumothorax. *Lancet*, 1948, i, 210.

Gibberd, G. F. Accidental Hæmorrhage. *Canadian Med. Ass. J.*, 1948, **58**, 53.

Hallpike, C. S., and Another. The Peep-show technique for Pure Tone Audiometry in Young Children. *Proc. Roy. Soc. Med.*, 1948, **41**, 15.

Hawkins, C. F. Chronic Bilateral Spontaneous Pneumothorax. *Lancet*, 1948, i, 288.

King-Turner, G. E. A case of Empyema Antrum treated with Penicillin. *Brit. Dent. J.*, 1948, **84**, 59.

Leeming, J. A. L. The Masking or Delay in the Development of Syphilis after Penicillin Therapy for Gonorrhœa. *Brit. J. Ven. Dis.*, 1947, **23**, 155.

Marston, A. D. Curare and Curare-like Drugs. *Practitioner*, 1948, **160**, 155.

Nicholas, Charles. Carcinoid Tumours of the Appendix. *Practitioner*, 1948, **160**, 235.

BIRTHS

CROOK.—On February 16th, 1948, at Deolali Hospital, Bombay, India, to Daphne, wife of Major Anthony Crook, M.C., R.A.M.C.—a daughter.

GULLICK.—On February 22nd, 1948, at Benslow, Hitchin, to Evelyn (née Norton), S.R.N., wife of David Gullick, M.B., B.S.—a son.

PRITCHARD.—On February 26th, 1948, to Mavis (née Andrew), wife of Alan M. Pritchard, Hillcote, Church Point, N.S.W., Australia—a daughter.

RONCHETTI.—On February 28th, 1948, at Nuffield House, Guy's Hospital, to Sylvia (née Helme), wife of Dr. John Ronchetti—a son (John Kirkland).

SCOTT.—On March 3rd, 1948, at Nuffield House, Guy's Hospital, to Esmé (née Pascall), wife of Dr. Leslie Scott—a daughter.

TOLHURST.—On February 27th, 1948, at the Mary Stanley Maternity Home, Bridgwater, to Joan (née Ogle), wife of St. J. M. A. Tolhurst, of Bridgwater—a daughter (Jennifer Margaret).

MARRIAGES

BAINES—GUTMANN.—On December 27th, 1947, at St. Marylebone, B. Deryck Baines, B.Sc., to Eva Erika Gutmany, S.R.N.

LOVETT-DOUST—MOURANT.—On October 20th, 1947, very quietly, at Camberwell, John Lovett-Doust, M.R.C.P., to Katherine Mourant, S.R.N.

TAYLOR—EDWARDS.—On January 28th, 1948, at St. Lawrence's Church, Hungerford, Berkshire, Reverend Malcolm G. Glenn Taylor, M.A., to Mollie Edwards (née Davis).

DEATHS

BOWES.—On February 13th, 1948, John Arnold Bowes, L.D.S. R.C.S., of 28, South Side, Clapham Common, S.W.4, aged 68 years.

HARVEY.—On February 17th, 1948, Edward Harvey, L.D.S. R.C.S. Eng., of 1, River Way, Ewell, Surrey, aged 31 years.

SIGGERS.—On January 22nd, 1948, Reginald Gordon Siggers, L.D.S. R.C.S., of Gallents Court, East Farleigh, near Maidstone.

WEBB.—Recently, Gerald Bertram Webb, D.Sc., M.D. Colorado, of 1222 North Cascade Avenue, Colorado Springs, U.S.A.

WHITE.—On January 27th, 1948, Ernest White, M.R.C.S., L.R.C.P., L.D.S. R.C.S., of 86, Brook Street, London, W.1.

Eds. {H.A.R. R.A.K-E.

GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

PUBLISHED FORTNIGHTLY

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PASSIM

IT was with trepidation that we opened the columns of the *Gazette* to discussion of the National Health Service. We fully realised that it was a topic foremost in the minds of the vast majority of our readers, and a topic of more importance to most of us than The Residents' Play or Rugby Football, Reviews of Books or The Students' Revue. It might reasonably even be considered a topic of more importance, not only to us but to our patients also, than the more rare pathological conditions, articles on which we see fit from time to time to publish. On the other hand, it was wondered whether enough had not been, and was not being, said elsewhere to make further discourse superfluous. Certainly with the limited print we can at present obtain for the *Gazette*, superfluity was undesirable. But the editors were prevailed upon by a number of members of the Gazette Committee, and a large body of opinion in the Hospital, to open the arena. We say that we did it with trepidation, and it can be seen from this issue that our fears were not unjustified. Our postbag has been full of letters on the subject, some letters of use, some merely of abuse. In this number we have given over considerable space to this correspondence, in the hopes that what there is to say on the matter will be said early, said once and not said again. If people wish to write on the matter, we would not discourage them, but let them write succinctly and let them not repeat what has already been said. There is neither time nor space for bombast, propaganda nor exuberant verbosity. To those who feel such an inclination we would urge a tenancy of silence and a searching of the conscience. Of that more good might come.

IN April, Professor T. J. Evans will retire from the Staff of the Medical School. We hope to publish an appreciation of him in a future issue of the *Gazette*, but we feel that we cannot let this unhappy event pass without comment. A more loyal servant this hospital never had, and he played a part not only in its academic, but in its sporting and social life, which grew with the years, possibly culminating in his efforts on behalf of the evacuated students at Tunbridge Wells. The magnitude of our loss can only be measured by the magnitude of our good wishes to him in his retirement.

His place will be taken by Mr. G. E. H. Foxon, M.Sc., F.L.S. Mr. Foxon has been Lecturer in Zoology and Comparative Anatomy at University College, Cardiff, since 1941, before which he was for four years Assistant Lecturer, and for five years Assistant to the Regius Professor of Zoology in the University of Glasgow. We welcome him to Guy's and trust that he will prefer London to either Wales or Scotland.

WE would like to congratulate Dr. A. D. Marston on being appointed the first Dean of the newly formed Faculty of Anæsthetics, within the Royal College of Surgeons.

AT its meeting on March 1st, the Court of Governors confirmed Dr. R. L. Waterfield in his appointment as Hæmatologist to the Hospital, with the status of a member of the Visiting Staff. We offer this well-known and versatile figure in Guy's life our congratulations.

The American Ambassador's Links with Guy's

By C. E. I.

THE recent visit of Dr. Blalock to Guy's recalls that paid by another distinguished American surgeon, the late Dr. Coley, of Coley's fluid fame. This visit is of special interest at the present time, as it was through Dr. James Douglas—grandfather of the American Ambassador—that Dr. Coley visited Guy's. There, by chance, he met Sir Alfred Fripp with whom he had previously corresponded. No one could welcome a distinguished stranger more tactfully than Sir Alfred, and on his invitation Dr. Coley at once agreed to give a lecture, at Guy's, on his own subject. This lecture, which was afterwards published in *The Gazette* of January, 1910, was a great success, several members of the senior staff being present, and the Physiology Theatre, where it was delivered, was filled to capacity.

The American Ambassador, however, has another link with Guy's in that his great-grandfather—also James Douglas—was a student at Guy's in 1820 and 1822. The "Journals and Reminiscences of James Douglas, edited by his grandson," contains much that is of general interest, and in addition an account of the life of a medical man in Canada in the first half of the last century. There is also a description of medical education in Edinburgh and at Guy's just before the inauguration of the medical school.

James Douglas was born in 1800 and his earliest recollection was of the celebrations of Nelson's victory at Trafalgar. He was the son of the Rev. George Douglas and grandson of Richard Douglas, an architect, who was an intimate friend of John Wesley. He was educated at Dumfries Academy, and from there went to the Wesleyan College in Yorkshire, but there "found himself losing time."

Having urged his father, in vain, to remove him, he took French leave, and started for Dumfries on foot. The son comments on this as follows: "The father submitted to what the boy of twelve dictated, to the irreparable injury of the lad and the future man." On October 3rd, 1813, he was bound as an apprentice to Dr. Thomas Law for five years. The indenture states, "that he the said Thomas Law according to the best of his power, skill, and knowledge shall and will teach cause and Instruct or cause to be taught and Instructed him the said James Douglas in the said trade, Art, Mystery and business of a Surgeon Apothecary and Man-Midwife." During the second year of his time he states in his journal, "I had charge of the Surgery and made up the prescriptions. I had to visit the pauper class, as well in the country as in the town, and to report on any emergency or on the appearance of any grave symptom. Unless occupied in the Surgery, I was allowed between eight and nine o'clock in the evening for recreation, and occasionally a day's holiday, for trout fishing in the river Eamont, or in one of the neighbouring lakes, or for rook-shooting in the woods of Lowther Castle or of Brougham Hall. As perquisites, I had the shilling, which was the fee for blood-letting or teeth drawing. That for blood-letting particularly was very remunerative as it was the custom of the country people, generally to be bled every Spring, and of many, every Spring and Autumn. These perquisites, during three and a half years of my apprenticeship, rendered me independent of my father, for the expense of clothes and pocket money." In October, 1818, he went to Edinburgh as a student of medicine and "took lodgings with a respectable widow in Niddry Street. My menage was of an humble description. I paid four shillings a week for my room, lodging and cooking; I found for myself; and on the whole, I passed the winter comfortably. My curriculum at the University comprised the practice of the Hospital, the lectures on the practice of Physic by Dr. Gregory—on Chemistry by Dr. Hope—on Obstetrics by Dr. Hamilton, and on Anatomy by Dr. Barclay." In the following March he became the surgeon to a Greenland whaler and kept a journal, published fifty-five years later in the Transactions of the Literary and Historical Society of Quebec and described by the Saturday Review as "Perhaps the most interesting paper in this series." He returned in August of the same year and in October went back to the University for his second Winter session, during which he came across two surgeons whose names are still well remembered. He says in his autobiography, "I one day wandered into the lecture room of Mr. Robert Liston, a private lecturer on Anatomy and Surgery, and I was so much struck by his manner and by the clear and masterly way in which he treated his subject, that although I had taken the ticket of the College Professor, I entered myself as a pupil of Mr. Liston, and I have reason to attribute a great measure of my

success in my profession to his precepts and example. Mr. Liston had a room for practical anatomy, which was superintended by Mr. Syme, his pupil and assistant."

He received his diploma from the Royal College of Surgeons of Edinburgh on April 7th, 1818, and at once proceeded to London, where he attached himself to the practice in Guy's and St. Bartholomew's Hospital, and to attendance on the lectures of Mr. Abernethy and Sir Astley Cooper. His aim was to be admitted a member of the Royal College of Surgeons in London, and this was achieved on his twentieth birthday, six weeks after his qualification in Edinburgh. The by-laws of the College required candidates to be at least 22 years of age, but Douglas got over this difficulty by telling Sir David Dundas, the President, to whom he had handed his birth certificate, that he was going out to India, where he might require it, and asked that it might be returned to him. Sir David acquiesced without looking at it, and the following day he received his diploma. He then went for a voyage to India, and on his way back touched at Ascension Island, where he met an old fellow student, Dr. Thompson, who had been stationed at St. Helena, when Napoleon died there. He gave him an account of the general's post mortem appearances, and also gave him a lock of Napoleon's hair and some of his snuff. He says, " On my return from India in the fall of 1822 I received an appointment as Assistant Surgeon in the Bengal Presidency. While in London, awaiting the departure of a vessel to Calcutta, I filled in my spare time by attending the Practice and Lectures of Sir Astley Cooper in Guy's and St. Thomas's Hospitals." He then gives the following picture of what was presumably the Colonnade in his time, " while awaiting the opening of the lecture room, and amusing myself by reading on the walls of the hall the notices of boarding houses, fencing and drawing masters, etc., I was attracted by an open letter addressed to Sir Astley Cooper by the Secretary of the Government of Poyais asking him to recommend a well qualified surgeon to accompany a party of settlers to the Mosquito Shore." He applied for, and obtained, the appointment, but it was not a success, and after a short time spent at Utica, he finally settled in Canada in 1826.

His hospital experience appears to have consisted of 11 months attendance and instruction at Edinburgh, before he obtained his diploma there, and 4 months at Guy's, during which he became an M.R.C.S. It must be remembered that the diploma of F.R.C.S. was not inaugurated until 1843 and the instruction at Guy's seems to have resembled our post-graduate teaching more than the training of the present day medical student. In becoming an M.R.C.S. he acquired much of the prestige associated with the F.R.C.S. of to-day. When he was admitted to the membership of the Royal College of Surgeons he tells us, " The ceremonies throughout were very imposing and much more calculated to impress the mind with the dignity of the profession, than the examination of candidates in Edinburgh."

He quickly attained eminence as a surgeon. In 1824 after performing an operation on a farmer, he writes, " I awoke the next morning and found myself famous. Surgical practice poured in on me and determined me to remain in Utica until the Spring." In 1828 he says, " My medical and surgical practice at this time had become extensive and remunerative. My operations on club feet and for the cure of squinting had brought me into some notice."

Dr. Edward D. Worthington, in his " Reminiscences of Student Life and Practice " in the " Detroit Medical Age," states : " When quite a youngster I was indentured before a Notary Public to Dr. J. Douglas, a very eminent surgeon in the ancient City of Quebec. There being no medical school in the Province at the time this was the usual custom." Dr. Worthington goes on, " He was educated in Edinburgh and London. He was the most brilliant operator I ever saw—and I have seen some good men in my time, here and in the old country. It is not only that he did his work quickly, but he did it well, and the results were simply splendid." Dr. Douglas was the first lecturer in Surgery in Quebec and the " Journal de Medicin " says in 1827, " We do not hesitate to pronounce his introductory lecture the most elaborate history of comparative anatomy which we have ever heard or read."

He did not confine his energies to Surgery. Early in his professional career he was horrified by the examples he saw among his friends of the degrading effects of intemperance. He was in the habit of taking a glass of gin and water every evening, but, returning from a case of delirium tremens, he registered a silent vow to abstain from all alcoholic stimulants, and adhered rigidly to his self-imposed promise till after his retirement from professional life. He tells the following story, " On entering my private room for the purpose of leaving my hat and whip, I found the Steward and a Roman Catholic clergyman drinking brandy and water. I addressed the priest in very plain

terms. I dilated on the fact that he, the custos morum of the community, gave, by his example, a sanction to a habit which he well knew had demoralised the Hospital and was bringing hundreds in the city to misery and to an untimely grave."

The Roman Catholic priest was Father Chiniquy, whose autobiography, "Fifty Years in the Church of Rome," had a large circulation in America and England at the close of the last century. He records the same incident in this autobiography and goes on, quoting Dr. Douglas's words, "to-morrow morning we will make the autopsy of a sailor who has just died suddenly here. Have you any objection to come and see with your own eyes, in the body of that man, what your glass of brandy has done in your own body." Chiniquy says that during the four years he was chaplain to the Marine Hospital more than one hundred corpses were opened before him." He continues, "It is my conviction that the first thing a temperance orator ought to do is to study anatomy; get the bodies of drunkards as well as those so-called temperate drinkers, opened before him, and study there the working of alcohol on the different organs of man. Though I have read the best books written by the most learned physicians of England, France and the United States, on the ravages of rum, wines and beer of every kind and name in the body of man, I have never read anything which enlightened me so much and brought such profound convictions to my intelligence as the study I have made of the brain, the lungs, the heart, veins, arteries, nerves, and muscles of a single man or woman. Their bodies opened before me were books written by the hand of God himself, and they spoke to me as no man could speak." This happened in 1834. Few, if any, can have ever written so eloquently on the importance of attending post-mortem examinations. At that time drunkenness was rife in Canada, and some idea of the importance the authorities attached to the cause of temperance, and Father Chiniquy's work in that direction, may be gauged from the fact that as a mark of gratitude both Houses of the Canadian Parliament voted £500 to him, and he was officially given the title of "Apostle of Temperance" by the Bishop of Montreal.

Even more important than his efforts on behalf of temperance was his work for the mentally unsound. His son says, "My father, for twenty years, was devoted heart and soul to this branch of medical science," and the American Dictionary of National Biography states that "James Douglas introduced the modern treatment of the insane into Canada, when he had charge of the Quebec Lunatic Asylum."

In the first half of the 19th century the lunatics in Quebec were confined in cells 8 ft. by 7½ ft long by 8 ft. high. Light was admitted through a small window, or bull's eye, in each cell, and the only ventilation was through a grilled opening above the door by which heat also entered from a corridor. An open trough in each cell, leading into a common drain, carried off the excreta. They were debarred from intercourse with the world or with each other, and were left to brood over their disordered fancies until they became maniacal. Strong representations were made from time to time by different Grand Juries of their filthy condition, of the damp and want of ventilation of the cells, and of the general treatment of the unfortunate inmates. Some were chained and handcuffed and had been kept fastened to staples driven into the floor of their cells. When approached they showed a disposition to bite even after their hands and feet had been unfastened. However, when in 1845 they were removed in open carriages and cabs to the asylum prepared for them by Dr. Douglas, they offered no violence and all traces of ferocity and turbulence had vanished.

Ever since then the insane in Canada have been treated with proper care. Probably his grandson was right in saying that no superintendent was ever more beloved by his patients than he. They called him father, and when he went through the wards they clustered round him like children. He had a kind word for all. "He possessed that rare tact, so essential to all who would control the insane, of throwing them off the scent of their false fancies without contradicting or irritating them. He could be curt and even overbearing with the sane, but never with the insane."

Two examples may be given of his ready tongue. On one occasion he had lodged a complaint against a carter who was maltreating his horse. When the case came up in court he was summoned as the principal witness. The plaintiff's lawyer put the usual questions, and after eliciting the fact, which everyone knew, that the witness was a doctor, he imprudently asked, "Are you a horse doctor?" "Yes," was the prompt reply, "and an ass doctor, at your service." On another occasion, seeing a friend working in his garden he commended him for enjoying his "otium cum digging potaties."

In the early part of the last century, when the relation of the voluntary hospitals to their medical schools was less clearly defined, Guy's was specially characterised by the importance it attached to three different branches of medicine. The first was Surgery, due to the presence on the Staff of Sir Astley Cooper, the foremost surgeon of his day; the second was morbid anatomy, due to " King Harrison " who was said to have directed that a Post Mortem examination should be held on every patient dying in the Hospital; and lastly, in the treatment of the insane, for whom Guy made special provision in his will, and who were housed in the building later known as Clinical.

It was in these three widely different branches of medicine that Dr. Douglas worked with such distinction in Canada and it is at least a possibility that it was the teaching he had received at Guy's that directed his activities. If this be the case it is not too much to say that of the many old students who have carried out the teachings of Guy's in different parts of the Empire, none has done so with greater credit to themselves, or the Hospital, than Dr. Douglas.

As a medical man he made a fortune, which he lost in mining and other financial investments. His first misfortune occurred when a bank cashier defaulted, and from then onwards he distrusted all banks, and invested his money in mining and land. The former were uniformly disastrous, and he was left without resources at an age when he could not possibly retrieve his fortunes.

He gave up his property, and what was harder still, his reputation for shrewdness, without a murmur. In later years he bemoaned the gradual decline of his mental powers, but never the loss of his money. At the age of 75 he went with his son to Phœnixville, Pa., where he was everybody's friend, largely no doubt due to his skill as a raconteur, an accomplishment in which he had few equals.

He was a man of striking presence, and Oliver Wendall Holmes said of him, after once meeting him, that he " did not know whether most to fear or admire him, but that in his head and figure he was the nearest approach to a Jupiter Olympus of any man he had ever seen," and the two photographs of him in the " Reminiscences " bear this out. A still greater tribute to him is Father Chiniquy's, who says of him in his autobiography, " Though a staunch Protestant by birth and profession, he honoured me with his confidence and friendship from the first day we met. I may say I have never known a nobler heart, a larger mind and a truer philanthropist."

(To be concluded)

Guy's Diary

MARCH—APRIL

ACADEMIC

March.

30th. 12.00. Surgical Dept.: Further Demonstration in the Series of Operative Procedures. Th. III.
12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.

April.

1st. 1.00. Surgical Dept.: Exhibition in Gordon Museum. " Cysts and Pseudocysts."
Clinical Lecture. Mr. Grant Massie. " Abdominal Injuries."
2.30. Post-graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th. Surgical Block.
4.30. X-ray Meeting. Gordon Museum.

2nd. 2.15. Combined Round. Dr. Forman. Preclinical Classroom.
4.30. Hæmatology Demonstration. Dr. Waterfield. Pathological Lecture Th.
1.00. Clinical Lecture. Dr. E. A. Scott.

5th. 3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.
4.30. Hæmatology Demonstration. Dr. Waterfield. Physics Th.
5.15. Surgical Dept.: Film, " The Treatment of Varicose Conditions and their Complications" Anatomy Th.

6th. 12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.

8th. Dental Clinical Lecture. Dr. J. J. Posner. " Local Anæsthesia and its relation to Minor Oral Surgery."
2.30. Post-graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th. Surgical Block.
4.30. X-ray Meeting. Gordon Museum.

9th. 2.15. Clinico-pathological Conference. Spastic Paraplegia (Dr. Campbell); Hodgkins Disease (Dr. Hampson); Carcinoma of the Pancreas (Dr. Hardwick), Pathological Lecture Th.

10th. 10.00. Surgical Departmental Round conducted by Mr. Basil Hume (St. Bartholomew's Hospital), Clinical Th. Surgical Block.

12th. 1.00. Clinical Lecture. Mr. Cook. " Gynæcological Surgery; General Observations."
3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.

SPORT and SOCIAL

March.

27th. Rugby XV. *v.* Penzance and Newlyn (Penzance).
29th. Rugby XV. *v.* Falmouth (Falmouth).
30th. Rugby XV. *v.* Exeter (Exeter).
31st. 7.30. Medical Committee and House Committee Dinner, Dorchester Hotel.

April.

2nd. Residents' Ball, Savoy Hotel.
3rd. Rugby XV. *v.* Richmond.

"The Black Eye"

By JAMES BRIDIE.

IT is, I believe, customary in criticising amateur shows to say something kind about everybody, and something very kind about a few; this Theatre Club production rises above such treatment; it is sufficiently bare of weak links and embarrassing moments to merit some genuine criticism.

The play itself is a quietly amusing unpretentious little piece which never sparkles, never thrills, but manages somehow to leave one with a pleasantly satisfied feeling. If it has a moral, I think it must be that there is greater scope for an enterprising young man on the racecourse than in the examination hall or the accountants' office. Mr. Bernard Mallett, as the enterprising young man, carries the play on his shoulders; and what competent shoulders they are; and what a charming smile he has; and what a thoroughly delightful performance this is; streets above most amateurs and a great many professionals.

Miss Agnes MacDiamid is polished and faultless as a sensible elder sister, and Mr. Tom Clarke battles bravely with a boring big brother part to end all boring big brother parts. In his own inimitable way Mr. Tony Brewin succeeds in making papa both funny and convincing, whilst Miss Jill Femming as a silly younger sister earns my everlasting admiration by somehow contriving to eat an apple completely silently. Margaret Gill rounds off the family with the ever popular "vague mother." Miss Nancy Utton plays a sort of communal girl friend with a slight "I'm really a much nicer girl than this off the stage" look about her; she even says and does the most irritating things in the most fetching way; well, at least, she fetched me.

Mr. Ted McGuire says his line with one anxious eye backstage where, under his most competent direction, prodigious feats of scene changing are accomplished; congratulations to him and his helpers, and to Miss Dulcie Roddick for creating by far the best sets we have yet seen at Guy's. Mr. Monty Rayne is excellent as Samuels, a "commercial gentleman" who, I feel, would do better to give up roulette and stick to Robert Browning. To him, also, all credit is due for producing the show with the quiet taste and restraint that the writing demands; he has a large cast, many technical difficulties, and an awkward play; and he emerges with flying colours.

The prompter is never in with a chance. Well done Theatre Club!

M.P.C.

Grants to Ex-Servicemen

A STUDENTS' UNION Meeting for Ex-Servicemen was held on March 10th, to discuss the Scale of Ministry of Education Grants.

The following motion was passed without dissent:—

"That this meeting, noting that the basic figures of these awards were last reconsidered in 1946, wishes to inform the Minister that it is strongly of the opinion that the cost of living has now risen to such an extent as to make these amounts insufficient for their purpose and incapable of preventing hardship in many cases."

In the general discussion it became apparent that the present scale is about a third too low; the burden falls primarily on married men, and particularly on those with children. The following were amongst the specific points discussed: The apparent discrepancies of grants, a library for text-books, the purchase of dental instruments, the payment of Clubs' Union subscriptions, and deductions of scholarships and pensions from grants.

An invitation from the Ministry to discuss these matters has been accepted, and three representatives of the Students' Union will present the arguments.

British Medical Students Association

A CLINICAL Conference for students of other universities was held in London from March 16–18th. On Wednesday, March 17th, the delegates came to Guy's where the following programme was arranged :—

A surgical demonstration by Mr. Atkins.

" What to do with a Dead Body," by Dr. Keoth Simpson.

" Some recent advances in Diagnostic Radiology," by Dr. T. H. Hills.

" The Student Health Services : Some problems arising therefrom," by Dr. E. R. Boland and Dr. W. N. Mann.

Thus Guy's Hospital was chosen to participate in the first conference of its kind to be organised on a national scale.

Correspondence

National Health Service

SIR,—Will you allow one who has been Vice-Chairman and Chairman of a Division of the B.M.A. and is now President of a Branch, to reply to the letter in the *Gazette* of March 15th ?

It must never be forgotten that the National Health Service was political in its inception. The main idea was—and is—the control of medical certification. The doctor is not to be allowed to write medical certificates whenever he thinks they are necessary. As a Member of the House said, " We *must* be in a position to ignore medical certificates." The fear is, of course, that too many medical certificates would render the whole scheme insolvent.

All the other provisions of the Act have been built round that one fact.

No new hospitals are to be built, nor extensions of existing hospitals (even if the necessary funds are available), nor health centres, for a number of years. Mr. Bevan himself has said so. When the public begin paying for their " Free Medical Treatment " in July, they will not have one additional new bed. Moreover, hundreds of beds in existing hospitals are closed for lack of nurses. Unless the Government see reason and agree to the very reasonable demands of the doctors, they will have very few doctors. It is the intention of the Socialists to take complete possession of the hospitals and doctors, lock, stock, barrel, body and soul, " when the time is ripe." The Minister's powers are so wide that he has the power to make every railway porter at London Bridge Station a doctor, by " note of hand alone " without training and without examination, just as he could " dismiss "—and probably virtually " unfrock "—a Fellow of either of the Colleges. Doctors accepting service under the Act as it exists will have to watch their step and do nothing to incur the displeasure of the powers that be, or else—

It is not as simple as the writers of the letter under notice seem to think. I would advise them to talk it over with an experienced practitioner—preferably one who has been engaged during the last four years in all the spade work which has led up to the present state of affairs.

Yours, etc.,

M.D.

SIR,—The three points of Passim, Appeal to the Courts, Basic Salary and Sale of Practices, and the fourth mentioned by your eight correspondents, Negative Direction, are not the fundamental bones of contention. They are details of a controversy which is one of principle, of politics and, I believe, of ethics. They become of less importance when compared with the broad issues involved and have reached their present prominence chiefly because thay are of a concrete nature upon which debate is easy. It is in the abstract principles and political implications of the Act that the basis for the opposition observed by your correspondents is to be found, and I do agree with their view that the thin-end-of-the-wedge argument is a poor one.

The Service to be started in July, if not in fact a swindle, is certainly a deception. The public has been given reason to expect the unlimited services of health centres, specialists, hospital beds and nurses, to say nothing of dentists, physiotherapists and all

manner of auxiliary facilities. These it has been virtually promised, if we may judge from the "Daily Mirror" and "Daily Herald," but what in fact it will get if the unamended Act takes effect will be the crowded waiting rooms of those few who accept service and the fees for those who do not, and the queues and longer waiting lists at the hospitals. Not only is the ordinary patient thus deceived, but Parliament itself is so bemused that by a majority of 337 to 178 it records that: "This House . . . is satisfied that the conditions . . . are generous and fully in accord with . . . dignity," when the very terms of such generosity to those chief dignitaries the specialists are as yet quite unknown.

That the main field of controversy has now become political is an unfortunate fact for which responsibility lies elsewhere than with the Profession. If Socialist political beliefs—I refer chiefly to nationalisation—clash with beliefs as to the ethical conduct of medical practise held by four-fifths of the profession, then those four-fifths must enter the political arena if they are to champion their own beliefs. Many of us have kept out of party politics and are merely uneasy at the way in which professional interference serves only political ends. If we believe, however, that this Act is designed not primarily to provide the best medical service but to consummate a political theory, we must oppose it, and in doing so oppose the politics which bring it about. I cannot see how one can be a conscientious practising doctor and condone a scheme which contains a section officially admitted to "control certification," which introduces a third party, holding the purse strings, into the doctor-patient relationship, and which at any time may have the power to demand the divulgence of medical records to lay authority.

The four main bones of contention mentioned earlier are indeed bones which may be chewed, and, perhaps after some negotiated assimilation, swallowed. If, however, your correspondents believe that behind this Act there are both political theories exploiting medical practise and promises to the people which the instigators of the Act know they are unable to fulfil, then they should take their stand in the ranks of its opponents. A free choice has been given to all doctors to join or not to join. If as a result of exercising such choice the patient on the appointed day has to pay twice for his medicine, whose is the responsibility?

We are prepared for antagonism from the uninformed; some perhaps for financial martyrdom. Our stand is not founded on matters of finance, direction or even on could-be's such as the thin-end-of-the-wedge. It is on matters of ethics and honesty, and through no choice of our own the battlefield is the political platform where, because of his training, the medical man is peculiarly at a disadvantage. To find the reason why many of our profession have staked their borrowed capital, to say nothing of their families' bread and butter, on their pledged opposition to a scheme which they believe to be inherently unethical and unpractical, if not dishonest, your eight correspondents must go deeper than their four points.

At present neither the Minister nor the B.M.A. offer a middle course. Will you join, Yes or No? The decision must be reached on the individual interpretation of the ideals of medical service and not on whether the basic salary is the thin end of the wedge. Does socialised medicine as laid down in the Act and interpreted by the Minister conflict with medical conscience? Ninety-two per cent. of general practitioner principals say Yes. They are the front line workers in medicine and they are the front line troops in this unhappy struggle. They look for support not only from their colleagues, the consultants and specialists, but also from their colleagues-to-be, the medical students.

Yours, etc.,

F. R. C. MANNING.

Epsom, Surrey.

SIR,—In your issue of 13.3.48, there is a very interesting letter signed by eight men who shortly hope to become qualified. I should like to make a few comments on this letter, and through you, Sir, ask the signatories a few questions.

Unfortunately, there is no doubt that the matter has become "political" but I hope that we can keep clear of "party" feelings. I am prompted to this remark by the mention that the Opposition in Parliament was not able to champion the B.M.A. point of view. We must bear in mind that harnessing a free and intelligent profession to Whitehall is an extremely difficult matter and one which is not likely to appeal to the Opposition any more than to the Government, although there are some who think that

the Conservative Party would have paid more attention to the wishes of the great majority of doctors and would have consulted them more freely in the framing of the Act. We must also remember that the vast majority of Members of Parliament have only the sketchiest idea of what the Act involves. Owing to the multitude of very important different issues that come before Parliament week by week it is quite impossible for any man to have a wide knowledge of them all. With the Medical Profession it is different. This Act is so fundamental to our interests that many of us have spent all our spare time in its study; far more time than the average M.P. could possibly afford.

The four " bones of contention " (to which should be added others equally important), may not at first sight appear fundamental if considered individually. But they all add up to one word—control. We all want the best possible service for the public. Can your correspondents tell me if all this control will benefit any patient in any way?

If these controls are not going to be implemented and if the far greater ones that can be enforced at any moment the Minister wishes (without alteration in the Act) are not going to be applied, why does the Minister persist in retaining machinery in the Act which causes such obvious resentment to the vast majority of doctors whose goodwill is essential for a satisfactory service?

Your correspondents say that they " have no intention of suffering gladly the bureaucratic atrocities which are so widely prophesied." They think that it would be wise to adopt the Minister's suggestion that we should give the Act a trial and deal with the evils as they arise. We are still a free profession yet so far we have been unable to make our will felt, although nine doctors in ten do not like the Act. How then can we hope to procure alterations when we are no longer free, bearing in mind that the Minister will have what amounts to almost dictatorial control of nearly all committees, boards, councils, etc.? I am certain that if we give way now it will be quite impossible at any later date to say, " thus far and no further."

Yours, etc.,

R. HALE-WHITE.

27, Harley House, N.W.1.

SIR,—I was most interested in the letter on the National Health Service, published in the *Gazette* for 13th March. Your Passim pretty well answers all the points but what is missing from your correspondent's letter and your own contribution is a practical acquaintance with the undercurrents of the past few years. Actually you put your finger bang on the spot when you say that what is needed is a little statesmanship in place of naked party politics. I fear you are wrong, however, when you say it is the " duty of the profession " to approach the present Minister of Health.

The representatives of the profession have been consistent all through from Brown to Bevan. Mr. Willink with a little statesmanship constructed an Act which was agreed to by the profession. The present Government deliberately and maliciously tore it up because it did not conform to their ideas of how the profession should be run from Whitehall.

Perhaps an account of what has happened here in Bristol will shed light in dark places. Recently we held a meeting to discuss the result of the Plebiscite. Some 350 doctors were present representing all grades and shades from University Professors to full-time surgical tutors and from consultants to G.P's. Speaker after speaker put forward arguments pro and con from the professional point of view. Presently the small cohort of Socialist doctors got into action—about 10 of them. They all had copies of Hansard, marked and dog-eared for quoting, 4 or 5 had recently been to the House and met Major Bruce, P.P.S. to Mr. Bevan.

One of them warned the meeting that they (the Socialists) were active. In a certain area of Bristol the speaker and three or four of his colleagues had " by persuasion " induced two or three " waverers " to agree to enter the service and already out of a population of 120,000 in that area they could guarantee a service for 50,000.

The speaker seemed quite unashamed of his actions—actions which, if pursued by a small minority of miners or railwaymen, would be called " scab labour " and " blacklegging."

Up until now such complete avowal of political bias has not been made but that night the veil was drawn aside.

My practice is a large industrial one—myself, my partner and an assistant look after some 5,400 panel patients and their dependents. If we fail to sign most of our practice

goes. We have many trade union leaders and members on our lists—most of them are very upset when they realise that their Labour Minister refuses to consider the wishes of an overwhelming majority of the workers engaged in the profession. They realise that it is not democracy but dictatorship—hence the uncompromising stand taken by the profession—we are fighting for an idea and, believe me, many see it. I have been very surprised at the number of teachers who have gone out of their way to beseech me as a member of the profession to resist Government control—the older teachers can see how wicked is the power to do by stealth and regulation over 5 or 10 years what cannot be done openly by legislation in Parliament. That is the answer to your correspondents—once in a service our liberty of action professionally can be quietly whittled away over a period of years. I must close now—suffice it to say that very few fully salaried doctors are content.

Yours, etc.,

J. L. FAULL.

Bristol.

SIR,—In the years immediately preceding the war it would not have been difficult to have found an "octet" of Guy's students guided by the high principles which doubtless encouraged your Correspondents' letter. Such men are now amongst those who must conscientiously reject the National Health Service—they have been in such a Service during the war years and they absolutely reject the inevitable bureaucratic control.

Yours, etc.,

R. DAVID PLOWMAN.

7, Harcourt House,
19a, Cavendish Square, W.1.

SIR,—We disagree entirely with your correspondents, who, although they do not relish the idea of being employed by the State, are prepared to accept the Health Service without offering any resistance.

We maintain that the National Health Service in its present form will neither improve the health of the country, nor increase the prestige of the medical profession. We now have numerous examples of State schemes which do not work efficiently, and we have no reason to believe that the Health scheme will be different from the others.

If your correspondents "read between the lines" of the Health scheme, it will be found to contain many further disadvantages, about which little mention has yet been made. If we are going to oppose the Act, we must do so now, as once we have signed away the freedom of the profession there is no going back.

We are therefore in absolute agreement with the B.M.A. in opposing Mr. Bevan's proposals.

Yours, etc.,

C. J. EARL. W. F. W. SOUTHWOOD.
G. E. HAWARD. J. VANCE.
H. D. A. HOPE. K. R. WALLACE.
J. T. OWEN W. R. WALSH.
N. H. PORTER. G. H. WARRICK.

Guy's Hospital, S.E.1

SIR,—I write to endorse most heartily the views expressed in the letter published in your last issue, and to reply to Passim.

There has indeed been a great deal of "loose thinking" about the Health Act—misrepresentation is a better term—a sustained campaign of misrepresentation from a small body of people who have decided to fight the Act itself and to stir up as much emotion as they can in the profession. That this campaign has been so far successful is evident from the voting in the plebiscite and from the "majority views" expressed by Passim.

The medical profession demands the right to maintain its complete independence. Passim then rightly asks, "How does the National Health Act, in its present form,

threaten the freedom of the profession ? " and offers these three replies : Firstly, appeal to a British court of law is refused to those members of the profession who are prepared to work the Act ; Secondly, the basic salary ; finally, the sale of practices. Let us consider these replies.

Firstly, appeal to a British (?) court of law is refused to those members of the profession prepared to work the Act. In reply to just this objection the Minister of Health stated in the House (9th Feb., 1948) " That is perfectly untrue. It is entirely untrue. A doctor will have exactly the same right of appeal to the courts against unlawful dismissal as any other citizen in the country." Can you, Passim, show any part of the Act which takes away from the doctors their legal rights ?

Secondly, the basic salary. The objection put forward to this—the possibility that *at some future date* the Government may wish to increase the basic salary at the expense of the capitation fee—is an hypothetical one at best and a poor reason for not accepting the Act *now*. It is interesting to note that the Negotiating Committee had decided to reject the Act before they knew the terms of remuneration for the general practitioner, before they knew even whether there would be a basic salary in the remuneration. Further Passim seems to imagine that now " the good and the bad, the hard-working and the idle " are paid according to their deserts. He has but to look around him to see how inaccurate is this belief.

Finally, the sale of practices. The abolition of the sale and purchase of practices was first recommended by the profession's own health commission. Again, the Minister of Health has said, " when I am told that all they (*i.e.* B.M.A.) desire is that patients should have the best medical treatment, how can that be argued when a doctor succeeds to another doctor's panel not on account of his personal qualifications but on the size of his purse ? How can it reasonably be argued that there is any effective free choice of doctor when the doctors negotiate the terms between themselves and the patient knows nothing at all about it ? This system exists in no other country in the world." Passim himself admits that to a doctor his practice is his capital, his bargaining power, (is it not monstrous that a doctor should have to consider his patients as *bargaining power*) and that once a satisfactory State scheme is functioning bargaining power will be of no real value : that is, patients will no longer be bought and sold over their heads. This at least is consistent with a civilised community and a reasonable health service.

So much for the case for the opposition against the Act. It is only too true that the Health Act will not work unless the doctors come in, and it would appear that the doctors will not come in until they believe the Health Act will work. At the moment it would seem that the majority of doctors cannot accept the Health Act for reasons which, if they are the same as those stated by the B.M.A., are unfortunately inaccurate. Passim suggests that the only solution is further negotiations. There have so far been a series of concessions from the Government and not one from B.M.A. The Government make no claim to possess a monopoly of knowing what is right and wrong, but it is sad indeed to see negotiations fail because of misrepresentation.

I would suggest, very humbly, that the solution is for each doctor to acquaint himself with the true facts about the National Health Bill and then to decide, not as a citizen with a political opinion but as a doctor with a duty towards his patients, whether or no those patients will benefit when the Scheme comes into force.

Yours, etc.,

B. L. MALLETT,
(*Second-year Student*).

Guy's Hospital, S.E.1.

SIR,—Mr. Brewin and his friends surprise us. First they say they would " prefer independence " rather than employment by the State, and then later, they talk of " opposing hypothetical evils if and when they arise." Either you must assume the loss of independence to be an evil manifestation of State employment or not.

Though we are inclined to agree that " a National Health Service of some sort has got to come " we, nevertheless, are doubtful if this postulates a scheme organised by Politicians and run by Civil Servants. We believe that the time has come for the leaders of the Medical Profession to propose a scheme, acceptable to the Profession as a whole, for the success of which they would take major responsibility.

Any scheme aiming at the improvement of the Health Services of the Country must

take into account the obvious shortcomings already in our midst. And these must be the first to be tackled. Let us take pains to lay our foundations securely.

To be constructive, we would suggest three stages for the birth of a new Service. In the first stage, steps should be taken to ensure adequate resources by reforming Hospital systems and co-ordinating Local and Regional Health Services, and also, by recruiting and training doctors, nurses and laboratory staffs. In the second stage the Panel system should be improved, for example, with the extension of benefits to include dependents of contributors. Finally, we suggest that it would be a big mistake actively to interfere with "private practice." But, nevertheless, with the scientific advances of medicine, and with the present trends in social progress, it is desirable and indeed inevitable that "Private Practice" should need to be replaced by Group Practice. This, therefore, should be encouraged.

These three stages obviously overlap—they they are the foundations upon which a successful and a great Medical Service could be built.

In the development of this new Health Scheme the problems are not only material but also psychological: not only must there be up-to-date, well equipped Health Centres, but also doctors who have pride in them, and patients, rich and poor, who have been acclimatised into accepting the new form that Medical Practice will take. This in our opinion, has not been sufficiently appreciated—as is manifest by the Government's plans for the sudden onset of a somewhat revolutionary "Nationalised Medicine."

In conclusion, we consider this alternative scheme to be in keeping with the high standards demanded by the Profession, and also with the high ideals held, some suggest, by "Socialists" alone.

Yours, etc.,

A. W. COOK.
A. A. CRAIGEN.
D. M. H. OWEN.

Guy's Hospital S.E.1.

College Porter

SIR,—Shipcott is retiring after over thirty-six years' service on 8th May. I am sure that many present and old Guy's men would like to know this and would wish to contribute to a leaving present for him.

Any contributions will be received and acknowledged by me and it is hoped that some formal presentation with the names of subscribers will be made at a later date.

Yours, etc.,

CHARLES BAKER.

The Warden's House,
Guy's Hospital, S.E.1.

Reviews

The Dental Assistant's Handbook. By GERTRUDE I. WEST. 1st Edn. Heinemann. *Price* 6*s*.

A YOUNG girl starting work as a Dental Assistant will find this simple and uncomplicated outline of great help.

The chapter on anatomy of the teeth would greatly benefit by large scale diagrams, and the reader must realise that in the Assistant's handling of materials, and relationship to the patient, individual Practices vary.

Secretarial and chairside work is covered, and Miss West's book will be most useful in every practice.

D. P.

Pathological Histology. By ROBERTSON F. OGILVIE. 3rd Edn. Livingstone. *Price* 37*s*. 6*d*.

THIS new edition, the third in the last seven years, in itself is proof of the book's popularity.

Dr. Ogilvie's descriptive text is completely illustrated by first class, typical micro-photographs in full colour.

Much of the text in this edition has been re-written, twenty-five entirely new subjects and plates added, making a total of 260 plates and more than twenty of the plates have been replaced by superior samples. In particular the hæmopoietic, integumentary and reproductive systems have been expanded.

The book, used in conjunction with a set of slides, should prove of tremendous benefit to any student of morbid histology.

R. R.

Sport and Hospital Information, etc.

RIFLE CLUB

RESULTS OF PRESIDENT'S PRIZE COMP.

Mr. Nils Eckhoff, the President of the Rifle Club, generously donated the sum of £6 for competition amongst members. The results were as follows :—

1st Prize (£3)—Mr. J. D. Morris. Scores : 98, 97 (·22) and 91 (·303).

2nd Prize (£2)—Mr. B. L. Bisley. Scores : 93, 94 (·22) and 92 (·303).

3rd Prize (£1)—Mr. D. J. Cliffe. Scores : 92, 97 (·22) and 88 (·303).

BOXING TOURNAMENT

Members of the Committee of the Boxing Tournament organised in aid of the funds of the Pavy Gymnasium held at Seymour Hall on 5th December, desire to convey their grateful thanks to everybody who so willingly gave their services. It is highly satisfactory to report that the sum of £187 3*s*. 10*d*. has been handed over to the Hon. Treasurer of the Pavy Gymnasium.

This result could not have been attained without the assistance of the Governors and Staff of the Hospital, who between them contributed donations amounting to £89 4*s*. 6*d*.

STUDENTS' UNION REVUE

The sum of £67 has been handed over by the Students' Union to the Wireless Fund, being the profits realised by their Revue.

NOTICES

GUY'S HOSPITAL—ASSISTANT SURGEON.

Applications are invited for the appointment of Assistant Surgeon to Guy's Hospital. Copies of Standing Orders for the appointment can be obtained from the Superintendent to whom letters of application (twenty copies), together with names of three referees, should be submitted not later than 1st May, 1948, and from whom any further information desired can be obtained.

OBSTETRIC REGISTRAR.

Applications are invited for the appointment of Obstetric Registrar from 1st May, 1948. Appointment until 30th September, 1948, in the first instance. Salary £600 per annum. Forms of application are obtainable from the Dean, Guy's Hospital Medical School, to whom applications with the names of three referees should be forwarded not later than 31st March.

GUY'S HOSPITAL DENTAL SCHOOL VACANCIES.

Applications are invited for the post of Half-time Assistant (6 sessions per week) to the Director of the Department of Dental Prosthetics, to commence duties on 1st May, 1948. Salary at the rate of £550 + £50 to £750 per annum, plus superannuation and family allowances. Forms of application are obtainable from the Dean, Medical School Office, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than 31st March, 1948. Appointment will be until 30th September, 1948, in the first instance, when the holder will be eligible for re-appointment.

Applications are invited for the following posts, commencing 1st October, 1948 :—

Dental Mechanics and Prosthetics.
2 Half-time Assistants to the Director of Dental Prosthetics.
2 Demonstrators for 2 sessions each per week.
2 Demonstrators for 3 sessions each per week.

Dental Surgery.
3 Half-time Assistants to the Director of the Conservation Room.
1 Demonstrator for 1 session per week.
2 Demonstrators for 2 sessions each per week.
4 Demonstrators for 3 sessions each per week.
Administrative Dental Officer (Half-time).

Dental Diseases of Children.
1 Half-time Registrar (6 sessions per week).
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Preventive Dentistry.
1 Half-time Director.
2 Half-time Assistants.

Dental Bacteriology.
1 Assistant Clinical Pathologist (Dental).

Dental Histology.
1 Demonstrator.

Forms of application may be obtained from the Medical School Office and should be returned on or before Friday, 7th May, 1948.

FOOT HEALTH EDUCATIONAL BUREAU

Mr. T. T. Stamm, F.R.C.S., will give a lecture on Friday, May 7th, at 2 p.m., at a conference on the foot and the shoe which the Bureau is holding at the Caxton Hall, Westminster, S.W.1. Tickets may be had on application to the Bureau, 90, Ebury Street, S.W.1, before April 27th.

ROYAL COLLEGE OF SURGEONS.

At a meeting of the Council, held in March, 1948, Dr. A. D. Marston was elected the first Dean of the Faculty of Anæsthetists.

Mr. C. Gill-Carey has been elected to the fellowship.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

F.R.C.S.

FINAL EXAMINATION.

February, 1948.

A. G. Ellerker.

CHANGE OF ADDRESS

Roy, R. W. Nichols, M.R.C.S., The Red House, 99, Coldharbour Lane, S.E.5. (Tel. Brixton 1785.)

J. D. L. Reinhold, B.M., M.R.C.P., White Lodge Emergency Hospital, Newmarket, Suffolk.

PAPERS BY GUY'S MEN

Blackburn, Guy. Thoraco-Abdominal wounds in modern war. *Annals Roy. Coll. Surg.*, 1948, **2**, 122.

Covell, G., and Others. Pre-Erythrocytic Stage of Human Malaria. Plasmodium Vivax. *Brit. Med. J.*, 1948, i, 547.

Pilbeam, J. F. Local Authority Dental Services and the National Health Service. *Brit. Dent. J.*, 1948, **84**, 32.

Rushton, Martin A. The exposed Dentine of Lower Incisor Teeth. *B.D.J.*, 1948, **84**, 91.

Simpson, Keith. The Pathology of Sudden Death. *Annals Roy. Coll. Surg. Eng.*, 1948, **2**, 18.

Simpson, Keith. The Doctor's Part in Criminal Investigation (Abstracts from a lecture). *Brit. Med. J.*, 1948, i, 163.

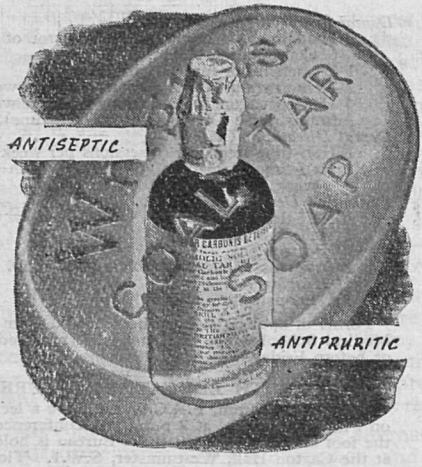
Swift, P. N. Treatment of Pertussis with Aerosporin. *Lancet*, 1948, i, 133.

Symonds, Sir Charles. Epilepsy. *Brit. Med. J.*, 1948, i, 533.

Thompson, R. H. S., and Others. The treatment of Arsenical Dermatitis with Dimercaptopropanol. *Quart. J. Med.*, 1948, **17**, 49.

Vulliamy, D. G. Idiopathic Cardiac Hypertrophy. *Brit. Heart J.*, 1949, **9**, 161.

Eds. {H.A.R. R.A.K-E.



Origin of a 'household name'

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GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

PUBLISHED FORTNIGHTLY

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PASSIM

IN 1725 Guy's Hospital was formally opened, and within one hundred and fifty years was known throughout the world as a medical school of the highest repute. By the end of that period three of the hospital physicians had given their names to clinical diseases or syndromes, and such widely diverse conditions as myxœdema, anorexia nervosa, amyloid disease of the liver, and syphilis of the internal organs, had received their original description at the hands of members of the staff of the hospital.

However, the hospital's activities were by no means confined to the fields of medicine and surgery, and advances in other directions were rapidly assessed and utilised. One such advance occurred in the year 1841, when the rules of the Rugby School Football Club were formally amended, and running with the ball was permitted. It is interesting to note that at this time passing of the ball was forbidden. Two seasons later Rugby football was first played at Guy's Hospital, thus making the Guy's Rugger Club the senior Rugby Football Club in existence, with the exception, of course, of Rugby School. The Club was initially called the Football Club, but in 1882 the Soccer Club was formed as an offshoot, and from then on the word " Rugby " appears to have crept in.

The early days of the Club were extremely hazardous ones. Matches were difficult to arrange, and absenteeism soon became a regular feature. It was by no means uncommon for the team to be as many as six or seven men short, and as a result the name of the club fell temporally into illrepute. However rugby football was firmly established, and as the game progressed the standard of play steadily improved, until by the end of the nineteenth century the hospital was turning out a side as strong as any in the country.

The inter-hospital cup was not introduced until 1875, and four years previous to this the Rugby Union itself was formed. Details of its inauguration appeared in the magazine " Football," which said :—

" It was on the evening of 26th January, 1871, that a party of 32 members of London and Suburban football clubs following the Rugby School Laws, assembled in solemn conclave at the Pall Mall Restaurant in Regent Street, London, under the presidency of E. C. Holmes, captain of the Richmond Club, resolved unanimously that the formation of a Rugby Football Society was desirable, and thereupon proceeded with all due deliberation to found the Rugby Football Union." A president, secretary and treasurer with a committee of thirteen were elected, J. H. Ewart, of Guy's Hospital, being on the committee. Thus besides being the senior Rugby Club, the Hospital is partially responsible for codifying the laws of the game, and drawing up its rules and organisation.

The inter-hospital cup matches soon developed into a series of needle games, and rapidly became established as one of the sporting events of the year. From the very first Guy's were in the ascendency, defeating St. George's Hospital by a goal and two tries to two tries in the first final in 1875. Since that date the Cup Finals have been played sixty-one times, this hospital winning it twenty-seven times. Their nearest rival, St. Thomas', winning it eleven times only. In spite of this record the longest consecutive winning run was by St. Thomas', who won the cup from 1888 to 1897. St. Mary's Hospital have held the cup for the longest period, namely, from 1934 to 1947, but during the war years cup matches were not played. It is thus undeniable that the true home of the Inter-Hospital Rugger Cup is here in the Borough, and it is with pleasure that we note its safe return to what we trust will become its permanent abode.

The full history of the Rugger Club has yet to be written, but thanks to Mr. G. Winston, librarian to the hospital, much of the necessary material has been collected together. All that is needed is an Editor, and should any one feel capable of fulfilling this task, which is by no means a light one, they have only to write to Mr. Winston

to obtain all the relevant matter. The history of the club is worthy of a permanent record, and by writing it the author will be doing a task which will earn him the thanks of all Guy's men.

WE congratulate the Hockey Club on winning both the Inter-Hospital six asides competition, and the Inter-Hospital Hockey Cup.

Hospital Cup Final

FOR the 27th time Guy's have won the hospital challenge cup. Put like this it would appear almost blasé, and yet it was 1933 when the cup last rested in the Borough, since when Mary's had developed such a monopoly that it appeared that the Gods were indeed a biased community. However, March 24th came with clear skies and brilliant sunshine, as three hundred fervent supporters left Guy's, in coaches, to accompany the team to Richmond.

Once installed Mary's were awaited, and with superior numbers the preliminary skirmishes were soon over with Mary's and their political camel on the retreat. An omen perhaps. As everyone settled down and the pitch cleared of plaster bombs, the teams came out. Guy's won the toss, and leaving H. Brunow, our captain, in the stand, to suffer untold torture for 40 minutes each way, faced the kick-off.

Wade kicked off for Mary's and the forwards rushed the ball towards the Mary's line. A series of line outs followed but no clean movement materialised. Pritchard, the Mary's full-back, was late in clearing and in a heavy tackle was unfortunate to dislocate his shoulder—this was a sad blow for Mary's, for numbers were now against them. The play was lively and the ball, mainly by dint of tight forward rushes, moved up and down the field, the three-quarters being so far almost spectators. Heavy pressure was put on the Mary's defence which stood sound until from a sudden quick heel D. Le Clus evaded a tackle—a rare occurrence in cup ties—and threw a long pass out to Frank Le Clus. A desperate tackle and he was down, inches short, up again almost in the same second, a tap with the feet, and over wide out. Tom Lewis, recovered from the injury he received in the semi-final, added the goal points with a very fine kick. Guy's now had that initial encouragement which seems so necessary for them, and continued to press hard until half-time.

Brunow came with words of encouragement and off on the second lap. A scrum was ordered near the Mary's line—it wheeled ungainly and Harrett went blind. A long pass found Cottier who somersaulted over the defence to give Guy's an 8-point lead. Then came the Mary's revival. Ambrose leading his pack magnificently sent Wade away on a long run ; but the defence was solid.

A penalty for a line-out infringement went wide and still Mary's pressed. Forward rushes were countered almost on our line ; three-quarter movements ended by devastating tackling. A further penalty and Beatson reduced the lead.

Now Guy's pack came into brief ascendency. B. M. Gray was almost over after a clever run, but Sullivan playing well at full-back, in place of the injured Pritchard, relieved with a long kick. Guy's began to inquire the time and touch kicking became the order. Mary's were however far from finished. A run and cross kick from Sullivan was smothered by the Guy's right wing—the ensuing scrummage was wheeled and relief sought from the touch line. Twice more the Mary's three-quarters came back in force—twice more they were brought down heavily and so the final whistle, and the cup was back in the Borough again.

Little more remains—*The Times* remarks " they played shrewdly and well as a team," and indeed they did. Fifteen men with one idea, or should one say 16, for their guiding influence was undoubtedly sitting in the stand, praying them home in a fury of bitten finger nails. Congratulations to the captain and team, not only on this success, but on their undoubted success throughout the Season.

Team.—T. L. T. Lewis, D. F. Cottier, F. Le Clus, F. Retief, D. M. Gray, D. Le Clus, P. D. V. Harrett, A. B. Lee J. H. Keeling A. N. Duplessis B. W. Cole, N. Malyon, A. C. de B. Eksteen, M. Hatton, F. Rademan.

The Clinical Value of Liver Function Tests

By G. P. BAKER, M.Sc., M.B., M.R.C.P.

Introduction.

BEFORE discussing liver function tests it is first necessary to consider briefly the various functions of the normal liver. Amongst these are the following :—

(1) Synthesis of various substances including the plasma proteins and prothrombin.

(2) Excretion of bile pigments.

(3) Metabolism of carbohydrates, proteins and fats and the formation of urea.

(4) Detoxication of poisonous substances in the body, both endogenous and exogenous.

It is clear, therefore, that the liver carries out very many functions and from the chemical point of view is the most complex organ in the body. From this it follows that there are necessarily very many possible tests of liver function and that no one test can possibly assess the capacity of the liver as a whole. Another great difficulty is that the liver, like many other organs, has a large functional reserve, and in dogs 80 per cent. of the liver may be excised without causing jaundice, and in six to eight weeks the original liver mass is restored by active proliferation of the remaining liver cells. The liver, therefore, may be considerably diseased without deterioration of its functions. For these reasons liver function test have been largely discredited in the past, but as long as these facts are borne in mind the various tests to be described can be very useful in clinical diagnostic work. In the past few years there has been a great revival of interest in this subject, and as the result of much recent work many of the older tests have been discarded, and some more satisfactory ones have replaced them. There is no doubt that in the future further advances will be made.

Liver function tests are usually required in the following circumstances :—

(1) There is obvious liver disease on clinical grounds and a quantitave estimation of the degree of liver damage is required.

(2) Liver disease is suspected, but there are no clear clinical signs on which to base a diagnosis, *e.g.* early cirrhosis.

(3) In cases of jaundice where the cause is not absolutely clear on clinical grounds.

Biochemical changes which occur as the result of generalised hepatic disease.

These may be classified according to the various functions of the liver given above.

(1) *Changes in the Serum (or Plasma) proteins.*

The serum proteins are often reduced owing to a reduction in the albumen, but more significantly the globulin may be raised giving a reduced albumen—globulin (A/G) ratio. Occasionally the total protein is not decreased, or even may be increased but then there is usually an increase in the globulin, which may be very considerable. In all severe cases the A/G ratio is reduced (lowest normal limit is 1·2). An increase in the serum gamma-globulin causes precipitation or flocculation of various colloidal solutions which forms the basis of the so-called " empirical liver function tests." These include the colloidal gold, thymol turbidity and cephalin—cholesterol tests. In each case a small quantity (0·05 cc.) of the patient's serum is added to a few c.c's. of the colloidal solution and after some hours the result is read. The result is expressed in terms of arbitrary units, or as whether there is slight, moderate or heavy flocculation or precipitation. The degree of precipitation, etc., is roughly proportional to the liver damage. Negative results (no precipitation, etc.) are obtained with normal sera, but a few diseases such as rheumatoid arthritis, sarcoidosis and congestive cardiac failure may give positive results, so these tests must never be the sole means of assessing liver function. This, of course, also applies to the serum protein results, as there are several other causes of decreased A/G ratio and other changes.

Synthesis of Prothrombin.

In fairly advanced liver disease the prothrombin time may be increased which is not corrected by parenteral menaphthone (synthetic vitamin K). When the prothrombin time is increased in extra-hepatic obstructive jaundice (where the liver is relatively normal) the prothrombin time may be brought to normal by adequate parenteral doses of menaphthone.

(2) *Excretion of Bile.*

The Van den Bergh reaction is now chiefly used to measure the total serum bilirubin (normal range 0·2–0·8 mg. per 100 c.c.), but a prompt direct reaction may be taken to indicate obstruction in the bile passages, but it will not distinguish between intra- and extra-hepatic (duct) obstruction. If, however, the serum bilirubin is raised and the reaction is indirect only, and there is no bilirubin in the urine, then the serum bilirubin may be taken to indicate the degree of hepatic damage, if hæmolytic factors can be eliminated (such as acholuric jaundice and hæmolytic toxins). An excess of urobilin and urobilinogen in the urine is nearly always found in generalised hepatic disease, and is a reliable guide to liver damage, whereas bilirubin in the urine only indicates that some obstruction is present. The same applies to the presence or absence of stercobilin in the fæces. The Van den Bergh by itself is useless in assessing liver damage. It must be remembered, however, that an excess of urobilin or urobilinogen does not necessarily indicate liver disease, as this is always present in congestive cardiac failure and in the hæmolytic anæmias and may be present in acute febrile illnesses.

(3) *Carbohydrate Metabolism.*

The normal liver is capable of rapidly converting galactose into glycogen, and this is made the basis of the galactose tolerance test in which the patient is given 50 gm. of galactose by mouth and the blood galactose is estimated at intervals up to two hours. Normally the blood galactose should not rise above 40 mg. per 100 c.c. and should return to zero by the end of two hours. The maximum level of blood galactose, and the level at the end of the test is a useful index of liver function. This is the most satisfactory test of hepatic carbohydrate metabolism at present. Liver biopsy studies have shown that the results of the galactose test are approximately proportional to the actual degree of liver damage. There are no commonly used tests of protein or fat metabolism. The blood urea only falls terminally in acute yellow atrophy.

(4) *Detoxicating Functions.*

The simplest test is the hippuric acid excretion test which depends on the power of the liver to synthesize hippuric acid (benzoylglycine) from benzoic acid and glycine. The patient is given 6 gm. of sodium benzoate by mouth or 1·77 gm. in 20 c.c. of water intravenously and the total hippuric acid excreted in four hours and in one hour respectively is estimated. The normal figure in the oral test is about 3 gm. in the four hours, and this figure is taken as 100 per cent., the range being 70–130 per cent., *i.e.* from 2·1 to 3·9 grams. In the intravenous test the normal figures are from 0·7 to 0·95 gm., and in each case the results are expressed as benzoic acid. As the excretion of hippuric acid also depends on renal function, the urea clearanee test must always also be done. In general, even when done in conjunction with renal function tests, the hippuric test is often disappointing and too much reliance must not be placed on it. It must never be the sole test of hepatic function.

(5) *Other Tests.*

The alkaline phosphatase (normal range 3·5–13·5 units per 100 c.c. of serum) is often raised in liver disease but as it is also raised in many other conditions, especially bone diseases, it is useless as a test of liver function. It is however of great use in the differential diagnosis of jaundice as it is always raised above 30–35 units in complete extra-hepatic obstruction, whereas in hepatitis it is nearly always below 30–35 units. The alkaline phosphatase is therefore only of use in the presence of jaundice.

Summary of General Tests of Liver Function.

The most important tests for the assessment of liver function as a whole, in known or suspected liver disease, in order of preference are :—

(1) Urine urobilin and urobilinogen.
(2) Serum proteins and A/G ratio.
(3) Empirical Tests (Thymol turbidity and colloidal gold).
(4) Serum bilirubin (even if jaundice is absent, as it may be latent).
(5) Hippuric acid test.
(6) Galactose tolerance test.

In general it may be said that these tests, taken together, will usually show some impairment of function even in early cases, if the liver is *diffusely* diseased, such as in cirrhosis, infective hepatitis, multiple nodular hyperplasia, Weil's disease, etc., but function may be quite unimpaired if the lesions are focal, such as with secondary malignant deposits (unless very numerous), hydatid cysts, etc., in which there are large areas of normally functioning tissue still present. It is most important not to rely on

any one test, particularly the hippuric acid test, and in difficult cases as many tests as possible should be carried out. The results of the tests must, however, be assessed in conjunction with the patient's clinical history and physical signs.

The Differential Diagnosis of Jaundice.

It is under this heading that liver function tests have their greatest use, and by means of the appropraite tests it is nearly always possible to obtain the correct diagnosis in cases of doubt. The importance of this subject lies in the fact that surgery is nearly always indicated in cases of extra-hepatic obstructive jaundice, whereas it is always contra-indicated in cases of " toxic " or hepatic jaundice. In general it may be stated that in extra-hepatic obstructive jaundice, liver function is relatively normal apart from the failure to excrete bile, whereas in hepatic jaundice liver function is always grossly impaired. The following table gives the chief points of differential diagnosis :—

Test.	Extra-hepatic obstructive jaundice.	Toxic or hepatic jaundice.
Serum bilirubin	Depends on degree of obstruction, not on liver damage.	Depends on degree of liver damage.
Van den Bergh	Prompt direct positive.	Indirect, delayed or biphasic.
Serum proteins	Often normal, but albumen may be decreased.	Often low, with low albumen and raised globulin. Low A/G ratio.
Empirical Tests	Nearly always negative.	Nearly always positive.
Alkaline phosphatase	Always raised above 30–35 units in complete duct obstruction.	Often raised, but not above 30–35 units.
Response to menaphthone if prothrombin time is increased.	Becomes normal.	Does not become normal.
Hippuric acid and Galactose Tests.	Usually normal, or moderately decreased.	Often shows grossly impaired liver function.
Serum cholesterol	Often raised.	Often low.
Urine	Bilirubin present ; urobilin or urobilinogen absent in complete duct onstruction.	Bilirubin present or absent, urobilin or urobilinogen increased.
Fæces	Stercobilin absent or decreased.	Stercobilin normal.

As a routine all cases should have :—

(1) Urine examination for bilirubin, urobilin and urobilinogen.
(2) Serum bilirubin and Van den Bergh.
(3) Serum protein and A/G ratio.
(4) Empirical Tests (Thymol turbidity and colloidal gold).
(5) Alkaline phosphatase.

The other tests are usually unnecessary for differential diagnosis. The cases which cause the chief difficulty are those of " mixed jaundice " in which the primary lesion is hepatic, but in which there are also signs of obstruction, as for example, infective hepatitis, which is now known by liver biopsy to be due to parenchymatous changes in the liver and in which the obstruction is intra-hepatic, and not extra-hepatic as was previously thought ; so-called " catarrhal jaundice." In this disease there is a prompt direct Van den Bergh reaction, bilirubin in the urine and absent stercobilin in the

stools, all indicating obstruction. However, there are in addition biochemical changes characteristic of hepatic damage such as lowered A/G ratio and positive empirical tests and the hippuric and galactose tests usually show marked impairment of hepatic function. These additional changes show conclusively that we are not dealing with a case of simple duct obstruction. Similarly in cases of long standing duct obstruction, parenchymatous changes (biliary cirrhosis or ascending cholangitis) will eventually occur giving in addition to the signs of obstruction signs of toxic damage to the liver. In all such cases the history, physical signs and biochemical changes must be considered together. Reliance on any one biochemical test is certain to lead to a wrong diagnosis in many cases. There should be no hesitation in repeating tests, if the results appear to be anomalous. Hæmolytic jaundice rarely gives rise to difficulties, and liver function tests are normal.

Appendix on Methods to be Employed in the Wards and Out-Patients.

For serum bilirubin, Van den Bergh, proteins, empirical tests and alkaline phosphatase, whole blood (10 cc.) should be collected in a centrifuge tube without anticoagulant and sent to the laboratory without delay. One such specimen of blood is sufficient for all these estimations.

For the oral hippuric acid test, the patient is allowed a light breakfast and 6 gm. of sodium benzoate in 150–200 c.c. of water and suitably flavoured is given. The bladder is then immediately completely emptied and the urine discarded. At the end of 4 hours the bladder is again completely emptied and the urine, together with any urine which may be passed in the interval, is sent to the laboratory. For the intravenous test a solution containing 1·77 gm. of sodium benzoate in 20 c.c. of distilled water is given very slowly. None of the solution must be injected outside the vein. Urine is collected as before but a one hour specimen is sent to the laboratory. The urea clearance test should be done on the same day, or on the previous day.

For the galactose test, the patient, having fasted from the previous evening, is given orally 50 gm. of galactose in 200 c.c. of water, after 3 c.c. of venous blood has been collected in a bottle containing some oxalate (not fluoride) to prevent clotting. Blood is then similarly taken at half hourly or hourly intervals for two hours. All specimens must be clearly labelled and sent to the pathologist without delay.

REFERENCES.

Maclagan (1940). Galactose tolerance test. *Quart. J. Med.*, **9**, 156.
(1944). Laboratory tests in the diagnosis of liver disease. *Brit. Med. J.*, **2**, 363.
(1947). Liver function tests in the diagnosis of jaundice. *Bri . Med. J.*, **2**, 197.
Maizels (1946). Empirical tests of liver function. *Lancet*, **2**, 451.
Sherlock (1945). Aspiration liver biopsy. *Lancet*, **2**, 397.
(1946a). Hippuric acid synthesis of liver function. *Lancet*, **2**, 159.
(1946b). Biochemical investigations in liver disease: Some correlations with hepatic histology. *J. Path. and Bact.*, **58**, 523.

Guy's Diary

APRIL

ACADEMIC

12th. Surgical Exhibition in The Gordon Museum "Cysts and Pseudocysts."
1.00. Clinical Lecture. Mr. Cook. "Gynæcological Surgery: General Observations."

13th. 12.00. Surgical Department. Further Demonstration in the Series of Operative Procedures. Th. III.
12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.

14th. 2.30. Post-graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th. Surgical Block.

15th. 1.00. Clinical Lecture. Sir Heneage Ogilvie.
4.30. X-ray Meeting. Gordon Museum.

16th. 1.00. Clinical Lecture. Sir John Conybeare. "Hæmatemosis and Melæna."
2.15. Medical Department. Combined Round. Preclinical Classroom.

19th. 1.00. Clinical Lecture. Mr. Cann.
3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.

20th. 12.00. Dental Clinical Lecture. Mr. G. Pritchard on "Notes on the Origin and Growth of Composite Odontomes."
12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.
1.00. Clinical Lecture. Mr. Atkins. "Fibro-adenosis."

21st. 2.30. Post-graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th. Surgical Block.

22nd. 4.30. X-ray Meeting. Gordon Museum.

23rd. 1.00. Clinical Lecture. Dr. Boland.
4.30. Hæmatology Demonstration. Dr. Waterfield. Pathology Lecture Th.

24th. 10.00. Surgical Department. Clinico-Pathological Meeting. Anatomy Th.

26th. 3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.

The American Ambassador's Links with Guy's

By C. E. I.

PART II.

WHEN it became clear that Dr. Douglas, owing to his advancing years, could not hope to deal with his financial embarrassments, his son decided that—though they were in no sense his responsibility—he would take over the task of liquidating them himself. He therefore threw up the professorship of chemistry he was then holding, went into business, and eventually became one of the richest men in America. James Douglas the younger, later known as Dr. Douglas in virtue of his degree of Ll.D., was born in 1837 and educated at Queen's College, Quebec. At the age of 18 he went to Edinburgh for two years where he studied theology, but gave up the idea of entering the church and joined his father at the Quebec Lunatic Asylum where he worked for several years. When differences arose in the administration of the Asylum his father severed his connection with it and the son bacame Professor of Chemistry at Morin College, Quebec. Of the enforced severance of his connection with the Institution his father had founded, he says, " To myself personally, retirement from the Asylum was a great grief. I had been unofficially for several years engaged in its management and was studying medicine to qualify myself to be my father's partner and successor. I had been brought up among the insane and was fond of them and had acquired that tact which is so essential to their management."

It was during the tenure of his professorship—in the sixties of the last century—that he took the photograph of pitchblende which were still in his possession when I knew him. These photos anticipated by more than a quarter of a century Becquerel's famous photos of uranium which led to the discovery of radioactivity, and it is at least possible that had Douglas been able to continue his purely scientific work these photos of pitchblende might have led to equally important results. If we recall the fact that pitchblende is the source from which Radium was first obtained and that this element is two million times as radioactive as Uranium, it will be seen how near Dr. Douglas was to the discovery of radioactivity.

He was 38 when he went into business but it was not until he was nearly 50 that " fortune," in the words of the Dictionary of American Biography, " smiled on him generously," and he ultimately became the President of several mining and railway companies. Through these companies he was able to take a leading part in the development of the South West where the town of Douglas, in Arizona, was named after him, and it is for this work that he is chiefly remembered. He was, however, a man of varied interests. He wrote several books on historical and kindred subjects. He was described by the American Engineering and Mining Journal as " the Dean of the engineering and metallurgical professions," and his name appeared in the English " Who's Who " in connection with his various Engineering honours. Another link with England was his friendship with his first cousin, Admiral Sir Archibald Douglas. Although he made his home in the U.S.A. he never gave up his Canadian nationality, probably because this enabled him to retain his Presidency of the Canadian Society of New York—a society which had much influence in maintaining friendly relations between the two countries.

His connection with Canada was also shown by his Chancellorship of Queen's University and the Ll.D. honoris causa awarded him by Magill University. He also gave large sums of money to various charities connected with engineering and education, and it is strange that in the ample account of his life given in the Dictionary of American Biography, no reference is made to his work in furthering cancer research. He became interested in this subject at the end of 1908 when he investigated the use of Radium in cancer in New York, and then came over to Europe in the Spring of 1909. Guy's was then the only Hospital in London where Radium was being used in accordance with the new method which had recently been introduced in Paris. In this large quantities of Radium were used and the α and β rays were screened from the patient by lead, so that only γ rays penetrated into the affected part. The secondary rays that were formed at the surface of the lead were prevented from doing harm to the skin by lint, guttapercha tissue and paper. In this way very long applications had to be given but the results obtained in the treatment of cancer were superior to any that had hitherto been described. The position of Radium treatment at Guy's was described in *The Gazette* of January 23rd, 1909, as follows: " In several cases

malignant glands and tumours appear to have entirely disappeared . . . Of special interest are three inoperable cases of recurrence after removal of carcinomata of the cervix which are improving greatly under treatment by Radium . . . Guy's has been fortunate in obtaining what is the finest specimen (of Radium) in any London Hospital." After seeing its use at Guy's he went to Paris where he visited the St. Louis and Beaujon Hospitals, the two institutions in which Radium had been first employed in accordance with the new method. The opportunities for using Radium at these two hospitals were superior to those at Guy's and I was therefore surprised to meet him some days later and to find that after all he had seen elsewhere he had decided to make Guy's the centre of his interest in the Radium treatment of malignant disease.

Some light on his reasons for preferring Guy's to the other institutions he had visited may be seen in a paper read in 1907 at a meeting of the American Institute of Mining Engineers in which he said, " The stimulus of ambition is sure to be stronger in smaller than in large consolidated workshops. The air in such laboratories is freer and purer than when men are working in the stifling atmosphere of secrecy, or even in great public state establishments. I believe that such a consolidation of mind and high impulses would carry us father and faster along the road of human progress than all the money that all the trusts could appropriate for the advancement of technical knowledge." It may be that considerations similar to these influenced Dr. Douglas as to the most suitable place in which to develop the progress of cancer research.

Having come to the conclusion that Guy's offered the greatest hopes of success in solving the problem of the cure of cancer, he set about making good any material deficiencies with characteristic energy. He gave more Radium ; he went to Manchester to see Sir Ernest Rutherford (as he then was) whom he had known at Magill University and who recommended a physicist to assist in the application of recent discoveries in radio-activity to disease ; he equipped a Radium laboratory in the Physiological Building ; and provided the money for a studentship for research in that subject. He made a point of seeing from time to time those cases in which Radium was being used, and was also much interested in some cases in which X-rays acting through sheets of lead were employed—now called deep X-ray therapy—a form of treatment he had not seen elsewhere, and which was first used at Guy's. He soon realised that in order to produce the best results radical alterations and extensions would have to be made, and better opportunities provided for giving the treatment. Here difficulties arose with the authorities at Guy's, and negotiations broke down in spite of the fact that Dr. Douglas was quite willing that the money he was supplying for research should be devoted to the general purposes of the Hospital if and when a cure for cancer was found. He returned to New York and ultimately provided the necessary conditions for his object at a cost of £250,000 in what is now the Memorial Hospital, New York, the leading cancer research institution in the world.

Surprise has often been expressed at the fact that so large a sum of money for such a purpose should have been refused by the authorities at Guy's. What the reasons for this refusal may have been I do not know, but one point stands out clearly. While Dr. Douglas came repeatedly to Guy's to see the cases that were being treated there with Radium, the authorities on the other hand never came to the Light Department to see what was being done in it. Their attitude may be shown by two remarks made by two highly distinguished members of the staff. One was that Dr. Douglas was " silly to want to waste his money on Radium," the other was that Sir Frederick Treves—the leading surgeon of his day—" wasn't always like that," implying that the article by him on Radium treatment in Paris was not an honest expression of opinion. That Dr. Douglas was right is shown by the fact that some years later the British Government provided £300,000 for the purchase of Radium which was distributed to hospitals all over the country.

The refusal of such an offer would be impossible to-day, and we can only regret the failure of the authorities to take advantage of the offer so freely made. It is only fair to say that probably any other of the teaching hospitals in London had they had Radium when Dr. Douglas came over to England would have acted in the same way as Guy's did if a similar offer been made to them.

A recent number of the American magazine " Time " refers to James Douglas as " a strange, warm, brilliant, man always known as ' the professor ' to admiring mining toughs." To his business associates he was known as " the general." Looking back after nearly forty years he appears to me now—as he did then—as one standing head and shoulders above any of my colleagues at Guy's. A good idea of his character as I knew him may be gathered from his description of an incident which reads as follows :

"I go back every year to see my old friends," *i.e.* patients in the Asylum his father had founded. "Of the 800 only two remain, but of the fate of the departed I feel no anxiety for the notions entertained by the peoples whom we count less civilized than ourselves, that the insane are the special objects of God's kind providence is assuredly true. One of our old patients was, when we resigned the management, subject to fits of periodical mania, which with advancing age disappeared. When I called to see my old friends after a parting of nearly 20 years, dear old Ellen Cleary fell upon my neck and kissed me. The Lady Superior must have been touched but the rules of her order evidently obliged her to turn her back."

The following extracts illustrate another side of his character :—

"Distance is being rapidly obliterated by steam, and by it also let us hope international selfishness and commercial exclusiveness. Literature is tending to unify the race, and commerce, through the railroad and steamboat, is another beneficent force working to the same end. As people come to know one another better, they will surely imitate and adopt, under a process of natural selection, each other's better qualities, and without losing their national, idiosyncrasies, acquire a higher cosmopolitan character."

"It may be accepted almost as a law of nature that the person who has not cultivated the habit of mental giving acquires a spirit of narrow exclusiveness which cramps the faculty of open-minded receptivity—for receiving and giving are reciprocal intellectual motions."

"Nevertheless there is a spirit of fraternal helpfulness abroad in the world. I believe that before long he will be honoured as the most successful man who has communicated to his fellow-craftsmen the greatest number of useful facts and the largest stock of valuable personal experience."

"Railroad, steamboats and the telegraph have been the apostles and missionaries of free thought and free speech."

"Thank heaven selfishness may build tariff walls against trade and folly or ambition embroil nations in war, but no one has yet been able to confine the divine prerogative of free thought or of free speech by those brave enough to use it."

These quotations are taken from the second edition of "Untechnical addresses on Technical Subjects," which he gave me inscribed with the words, "J. Douglas with grateful respects," and is one of my most valued possessions.

C.E.I.

Correspondence

The Rugger Club

SIR,—Although the Rugby Season is not yet over, several good matches remaining to be won, its climax was surely reached on March 24th when the Inter-Hospitals Rugby Cup returned to Guy's after 13 years.

Of all the people who directly or indirectly had a hand in this consummation, I am sure the team themselves would agree that there is one from whom personal tribute need no longer be withheld : Harry Brunow, the Captain. In Club matches Brunow has been the inspiration of an outstanding team ; no other London side in first class Rugby has a record to compare with Guy's this season. In the Cup matches, this inspiration and generalship were perhaps even more exceptional, since he had first to design a winning team bereft of its key man, and then sustain it from the touchline. Few Captains can have faced a more exacting task ; none could have bettered its accomplishment.

Guy's Rugby has a strong South African tradition ; it is perhaps particularly fitting that its present captain should symbolise, both in his individual skill and his delightful personal qualities, the essence of a link which has so often enriched us in the past.

I am,

Yours sincerely,

D. STAFFORD-CLARK.

Bognor Regis.

National Health Service

SIR,—The reasons for the medical profession's whole-hearted opposition to Mr. Bevan's National Health Service Act have now been outlined most adequately in your correspondence columns. In particular the fact that the Service commencing on July 5th is a complete fraud, whatever support it gets from the profession, has been well emphasised by Dr. Manning.

Nevertheless, letters such as that of Mr. B. L. Mallett cannot be left unanswered. He commences with the usual reference to "the small body of people who have decided to fight the Act itself." Suffice it to say that the B.M.A. is a completely democratic body voicing the opinions of the great majority of its 58,000 odd members. Can as much be said for the present Government?

Then he states that "the medical profession demands the right to maintain its complete independence." This is only a half-truth. What the profession demands is that the present doctor-patient relationship should not be interfered with. State control of certification would destroy it.

Finally the sale of practices. More nonsense has been talked about this by Mr. Bevan and his supporters than on any other relevant point. No patient has been or is ever likely to be bought and sold by doctors. What happens under the present system is that the goodwill of a practice is bought and sold. This means that the buyer takes on the working premises of the seller and is introduced to the seller's patients as his successor. More often than not this is after he has been an assistant in the practice for some months and has been able to form the opinion as to whether he would like to practice in the area and whether the local inhabitants would accept him as their doctor. Under the new service what I visualise will happen is that a very small minority will be lucky enough to get practices they apply for. The majority, *faute de mieux*, will have to accept being "posted" to any practice which may be vacant without choice, introduction or option to transfer if they should so wish.

There is no doubt in my mind as to which system will produce the required result, *i.e.* contented doctors and contented patients.

Yours, etc.,

J. A. J. HAMMOND, M.B., B.S.

North Ridge,
Hawkhurst, Kent.

Sport

RUGBY

RUGBY FOOTBALL RESULTS

13th March.—Guy's *v.* Old Paulines (Thames Ditton). Won 10—0.
20th March.—Guy's *v.* Gloucester (H.O.P.). Won 10—3.
27th March.—Guy's *v.* Penzance and Newlyn (Penzance). Lost 6—12.
29th March.—Guy's *v.* Falmouth (Falmouth). Won 11—3.
30th March.—Guy's *v.* Exeter (Exeter). Lost 3—11.
3rd April.—Guy's *v.* Richmond (H.O.P.). Lost 8—10.

HOCKEY

INTER-HOSPITAL'S CUP FINAL

GUY'S *v.* BART'S.

at Motspur Park. Won 1—0.
23rd January, 1948.

Once again Guy's reached the finals of the cup, after a very successful season, to meet their very old rivals, Bart's. Our opponents, holders of the cup for the last three years, turned out a very strong and confident team.

From the very first whistle both teams played very hard, helped by the vociferous support from the touchline, combined with queer sounds from the effects departments of both Hospitals.

After about five minutes of play, Guy's were unlucky not to score, and the ball was in the Bart's circle several times. However, after about twenty minutes D. Blake, from an almost impossible angle, reverse-sticked the ball into the Bart's goal, to make Guy's 1 up. From then on Bart's seemed to get fresh strength and pressed very hard, only to have every attacking movement foiled by our defence.

At half-time with the score at 1—0, Guy's still seemed very fresh and once again we were in Bart's half of the field, pressing hard for another goal. Then to keep the excitement up, Bart's made a break through and the ball went with a sickening thud against the base board into our goal but, fortunately, after the whistle had gone for off-side. Taking advantage of the free hit awarded, Guy's went into their opponent's half again, to continue worrying their goalkeeper.

It wasn't until the last minute of the game when Bart's forced a corner and were unlucky not to score, that the only injury occurred, when Harris retired with a badly wrenched shoulder.

So ended a very thrilling cup series, in the four rounds of which Guy's scored a total of sixteen goals, with none scored against them.

The final was the only game in which we were seriously challenged, and it was largely due to constructive team work that we managed to win.

Team: F. Walker, G. Danford, J. Harris, C. Opie, E. Murray (Captain), A. Keable-Elliott, C. Robinson, D. Blake, S. Earl, I. Kelsey Fry, R. Hodson.

INTER-HOSPITAL'S SIX-A-SIDE TOURNAMENT

at Chislehurst, March 20th, 1948.
Winners: Guy's "A."

Guy's fielded two of the fourteen teams that took part in the tournament. Guy's "B" were knocked out in their first game by St. Thomas' Hospital who fielded a strong team—which was not affected by the running commentary on The Grand National by one of the spectators.

Guy's "A" played the first and the last game of the tournament. The first game was an opportunity to learn the tactics of this strenuous game. In the subsequent games each player contributed equally to the team work that resulted in the winning of the tournament.

Teams and Results.

Guy's "A."—G. H. Danford, E. A. Murray, R. A. Keable-Elliott, D. Blake, S. S. R. Earl, C. H. Opie.

			For	Against
1st Round	*v.*	London Hospital ..	1	0
2nd ,,	*v.*	Middlesex ,, ..	2	1
3rd ,,	*v.*	St. Thomas' ,, ..	4	1
4th ,,	*v.*	King's Coll. ,, ..	5	0

Guy's "B."—J. B. Harris, D. A. McGill, W. Dobson-Smythe, R. A. Hodson, L. L. Emery, C. F. Robinson.

1st Round *v.* St. Thomas' Hospital	1	4

ASSOCIATION FOOTBALL

GUY'S *v.* CIVIL SERVICE

at H.O.P. Won 3—1.
Saturday, 20th March, 1948.

The Soccer Club wound up its season with a well merited victory against the Civil Service Reserves. Play opened very quietly, and was in marked contrast to the feverish excitement of the Gloucester game on the adjacent Rugby pitch. However players began to master the lively ball, and the Service, aided by a stiff breeze, kept up almost continuous pressure without looking particularly dangerous. The defence lacking the services of stalwarts Riches and Matthews tackled well, and kept their opponents at bay, but were far too hurried and haphazard in their clearances to set the forwards going. About ten minutes from half-time Civil Service went ahead when Whitaker let a strong shot slip through his legs, and it was by this mistake that Guy's were losing 1—0 at half-time. In an endeavour to ensure better service for the forwards and a little more punch in attack, Newton was moved to right half and Skaith into the forward line. This arrangement proved to be a much more effective combination, and it was Guy's turn to press. After a quarter of an hour of the second half, Head scored a very clever goal to equalise. Injuries to Harris and Skaith upset the team's rhythm for a while, until Lewis scored a characteristic goal. Shortly afterwards he scored again with a brilliant shot from twenty-five yards, and thus gave Guy's the lead which they had no difficulty in maintaining.

For the winners, Harris, until his injury, played a very strong defensive game, his best for the club so far, whilst Lewis celebrated his selection as Captain for Season 1948–49 with a grand performance which we hope augers well for the future.

Team :—Whitaker, Westgate, Harris, Skaith, Holloway, Swift, Head, Newton, Leckie (Captain), Lewis, Merrill.

It is hoped that the Annual Charity Game *v.* Borough Market, in aid of Hospital Funds, will after all take place. A week-day evening game in mid-April seems to be the likely date. Further details, plus a résumé of the past season, will appear in a later edition.

Hospital Information, etc.

NOTICES

DIABETIC CLINIC.

A special Diabetic Clinic has been instituted at Guy's Hospital and will be held on Tuesdays at 1.30 p.m. and on Thursdays at 4.30 p.m. It will be under the care of Dr. Christopher Hardwick, Assistant Physician to the Hospital. Patients will be seen by appointment, which should be made with the Sister-in-Charge of the Out-patient Department, Guy's Hospital, London Bridge, S.E.1. (Telephone No. : Hop 3500, Extension 11 or 13.)

GUY'S HOSPITAL—ASSISTANT SURGEON.

Applications are invited for the appointment of Assistant Surgeon to Guy's Hospital. Copies of Standing Orders for the appointment can be obtained from the Superintendent to whom letters of application (twenty copies), together with names of three referees, should be submitted not later than 1st May, 1948, and from whom any further information desired can be obtained.

GUY'S HOSPITAL DENTAL SCHOOL VACANCIES.

Applications are invited for the post of Half-time Assistant (6 sessions per week) to the Director of the Department of Dental Prosthetics, to commence duties on 1st May, 1948. Salary at the rate of £350 + £50 to £750 per annum, plus superannuation and family allowances. Forms of application are obtainable from the Dean, Medical School Office, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than 31st March, 1948. Appointment will be until 30th September, 1948, in the first instance, when the holder will be eligible for re-appointment.

Applications are invited for the following posts, commencing 1st October, 1948 :—

Dental Mechanics and Prosthetics.
- 2 Half-time Assistants to the Director of Dental Prosthetics.
- 2 Demonstrators for 2 sessions each per week.
- 2 Demonstrators for 3 sessions each per week.

Dental Surgery.
- 3 Half-time Assistants to the Director of the Conservation Room.
- 1 Demonstrator for 1 session per week.
- 2 Demonstrators for 2 sessions each per week.
- 4 Demonstrators for 3 sessions each per week.
- Administrative Dental Officer (Half-time).

Dental Diseases of Children.
- 1 Half-time Registrar (6 sessions per week).
- 2 Half-time Registrars (3 sessions each per week).

Preventive Dentistry.
- 1 Half-time Director.
- 2 Half-time Assistants.

Dental Bacteriology.
- 1 Assistant Clinical Pathologist (Dental).

Dental Histology.
- 1 Demonstrator.

Forms of application may be obtained from the Medical School Office and should be returned on or before Friday, 7th May, 1948.

F.D.S. Eng.

Owing to a misprint in last week's Passim, the following should read George T. Hankey, F.D.S., not J. T. Hankey.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

L.D.S.

1st & 2nd PROFESSIONAL EXAMINATION.

Anatomy and Physiology.

P. R. Allen	A. W. McCandlish
S. G. Baker	D. G. Matthews
M. E. S. Bathurst	S. F. Mitchell
K. Ballantyne	S. Morgan
A. E. Bond	D. J. Neill
S. G. Brangwin	M. H. O'Connell
P. T. Burke	R. E. W. Pearce
H. Carter	J. C. Petty
K. S. Chambers	P. L. Pickett
R. M. Clarke	K. H. Pickup
H. de V. Davis	R. F. Poole
J. G. G. Dixon	H. R. Prentice
M. H. Ede	F. Roth
M. Ellis	R. D. Rowe

M. J. Fawcett
W. D. P. Flynn
T. B. Forward
A. G. Gapper
D. C. L. Grigsby
R. A. Harper
H. R. Harvey
R. F. Hodson
D. G. James
D. J. I. Jones
H. Jones
R. B. Jones
L. W. Kay
R. E. Lee
K. R. H. Lightburn
D. London
N. J. Mayson
P. M. Rusden
H. G. P. Ryan
W. D. V. Ryan
E. G. Searle
T. M. Smith
J. J. F. Staub
E. G. M. Stillwell
G. K. Taylor
D. W. Thomas
M. S. Tyrrell
C. J. Walker
D. E. M. Warner
P. W. P. Warren
A. V. Westlake
R. B. Whalley
G. F. Willcox
A. E. Woods

Special Anatomy and Physiology.

P. R. Allen
M. F. Ashly
S. G. Baker
A. Black
P. W. J. Bosman
P. T. Burke
J. D. Barker
D. W. Campbell
H. G. Carr
H. Carter
K. S. Chambers
K. E. Clokey
H. de V. Davis
L. Dawson-Squibb
J. G. G. Dixon
A. N. Du Plessis
M. H. Ede
M. Ellis
W. D. P. Flynn
A. R. Fooks
T. B. Forward
P. Frank
W. J. George
G. D. Gibb
P. Glazebrook
J. M. D. Grant
R. A. Harper
J. M. Hobbs
M. J. Humphry
A. E. Jacques
D. G. James
H. Jones
R. B. Jones
L. W. Kay
N. I. Lewis
J. G. Lloyd
D. London
F. R. B. Mathias
N. J. Mayson
J. H. McCormick
D. G. Matthews
S. F. Mitchell
D. J. Neill
M. H. O'Connell
C. B. Palmer
R. E. W. Pearce
P. L. Pickett
R. F. Poole
H. R. Prentice
P. Readings
W. J. A. Reed
V. G. Rice
G. S. Rose
R. D. Rowe
W. M. Sheeran
E. G. M. Stillwell
P. A. Swift
P. Sykes
D. W. Thomas
R. L. G. Thornton
R. E. B. Turner
M. S. Tyrrell
C. J. Walker
D. E. M. Warner
P. W. P. Warren
A. V. Westlake
R. B. Whalley
A. H. Whitaker
D. R. Whittington
G. F. Willcox
A. E. Woods

CONJOINT BOARD.

FIRST EXAMINATION.

March, 1948.

Anatomy.

R. C. Bret-Day
K. M. Herd
T. C. Hopkins-Husson
P. J. Rademan
A. Shotts
K. A. E. Spence
P. J. C. Wallis

Physiology.

G. P. Billingham
K. M. Herd
T. C. Hopkins-Husson
D. W. L. Phillips
P. J. Rademan
J. H. Ratcliffe
A. Shotts

Pharmacology.

A. J. N. Hage
J. E. Breese
T. B. Brewin
O. F. Conran
A. A. Craigen
D. W. A. Drew
J. Foley
J. B. Gayes
R. W. Glenn
R. L. Gothilf
H. A. Hurwood
M. C. H. Jackson
S. A. Jolliffe
G. L. Jones
D. H. Le Clus
J. F. Le Clus
M. Lewis
E. J. M. McGuire
C. P. Mills
J. D. Morris
R. G. Nicholson
J. B. Parsons
G. F. M. Pierce
P. B. Poole
J. K. Price
A. J. Salmon
G. W. Scott
I. A. W. Scott
J. A. B. Jones
L. C. Kreeger
J. E. H. Lahaise
L. Tann
F. R. H. Wrigley

SOCIETY OF APOTHECARIES OF LONDON.

FINAL EXAMINATION.

March, 1948.

Surgery.—*C. H. J. Van Aswegen.

Medicine.—*M. P. Coplans, E. J. F. Filose.

*

UNIVERSITY OF LONDON.

DIPLOMA IN MEDICAL RADIOLOGY.

Part I.

March, 1948.

P. L. Brangwin

CONJOINT BOARD.

March, 1948.

Chemistry.—D. K. Hardy.

Physics.—T. Lloyd.

Elementary Biology—M. F. Gill, C. E. Lay.

UNIVERSITY OF CAMBRIDGE.

Lent Term, 1948.

Pharmacology.

K. W. Gray
M. J. Hunter
I. P. James

SOUTH-EAST METROPOLITAN REGION.

Professor T. B. Johnston has been appointed Chairman of the Hospital Management Committee for the Bermondsey and Southwark group.

PAPERS BY GUY'S MEN

Fourman, L. P. R. The chylomicron count in normal subjects and patients with sprue. *Trans. Roy. Soc. Trop. Med. and Hyg.*, 1948, **41**, 537.

Hutchinson, M. P., and Another. Sleeping sickness of an unusual type in Sierra Leone and its attempted control. *Ibid.*, 481.

Mackeith, R., and Others. The Diagnosis and treatment of threadworm infestation. *Practitioner*, 1948, **160**, 264.

BIRTHS

BARBER.—On 16th March, 1948. at Nuffield House, to Edna (nee Eaves), wife of Norman L. Barber, L.D.S., R.C.S., a daughter (Hilary Edna).

STEINER.—On March 30th, 1948, at Exmouth Nursing Home, to Doreen (née Beattie), wife of Walter Steiner—a son.

WALTERS.—On February 21st, 1948, in Nuffield House, to Honor (née Dutton), wife of A. J. Walters, B.D.S.—a son (Martin Richard), a brother for Malcolm.

WARREN.—On March 28th, 1948, to Joan (née Peacock), wife of Dr. M. D. Warren—a daughter (Dorothy Anne Childeroy).

MARRIAGES

DOWN—IVORY.—On March 27th, 1948, at Marylebone, George Robert Down, L.D.S., R.C.S., Eng., to Nora Beatrice Ivory, J/Comd. A.T.S.

SOUTHWELL—BELL.—On March 16th, 1948, in London, W. Beric Southwell, L.D.S., to Betty Bell.

DEATHS

REYNELL.—On March 21st, 1948, Walter Ruper Reynell, M.A., D.M., F.R.C.P., of 87 Harley Street, W.1, aged 63 years.

Eds. {H.A.R. R.A.K-E.

GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

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PASSIM

EVERYONE, even in this great hospital, must from time to time realise how parochial is his outlook, how narrow his vista, not only of medicine, but of mankind. It would be a very dull soul who did not (or a very rare soul who need not). It is one of our national characteristics that a man's small company of acquaintances tends to be his world. In the medical profession in particular, the platoon of friends with which a man girts himself about is liable to be even more limited, certainly in the early days. The more is the pity, for in no walk of life can an understanding of another man's way of living and habit of thought bear more profitable fruit.

Many of us who went to war did ourselves infinitely more good than harm, and of all the sources of benefit, none was more bountiful than the enforced acquaintance of people from outside the profession, or, if that was not granted, then of people from outside the hospital. In peace-time in a train, the Cockney and the Cornishman may have considered that they had nothing in common. But at war in a slit trench they held no end of communion.

It was not only in the forces that men realised that they and their fellows were much of the same ilk, but in the blitzed and buzz-bombed cities, in the shelters and in the streets. It was a most salutary realisation which must not be allowed to fade.

As doctors, it is difficult for us to keep up with those friends we made, to maintain those lines of communication with the outside world. When our day's work is done at the hospital (if indeed it can ever be said to be done), there are the books to be flogged. When its Gibberd or The Guards' Club, Bonney or The Berkeley, the textbooks win almost every time. There is little space in life for pubs, clubs and dining. For better or for worse we are engaged, many of us, in struggling to poke our noses a little way in front. To turn to one or other side is to lose ground in that struggle, or so it seems. Mankind must wait, but what of medicine.

During the years 1939–1945 many a Guy's man must have been brought face-to-face for the first time with the fact that other people have other ways of doing things. But " we don't do that at Guy's " can be a commendable expression of loyalty, or the narrow-minded exclamation of a myope. Let us retain it as the former, but see to it that it does not become the latter.

The Department of Surgery has very wisely introduced into its curriculum of post-graduate education, distinguished members of the staffs of other hospitals. It is an example which should be followed. Here in London we have probably more large schools of medicine with their natural diversities of medical thought and practise than any other city in the world. Such circumstances, and the opportunities that they offer should not be wasted. It would be with nothing but benefit if an exchange of teachers was arranged, not only in surgery, but in every quarter of the field of medicine—not only in the education of post-graduates, but in the education of the undergraduate also. Such a scheme need not be confined to the invitation of senior surgeons and physicians, coming to us for specially organised combined rounds. Could not, on occasion, a Bart's physician be greeted on the steps of the colonnade by a Guy's H.P. and a Guy's Registrar, while his own H.P. and Registrar were busy greeting a Guy's physician at Bart's ? Could not, on the same afternoon, each take the other's firm round the other's cases ? It should not be too difficult. Ask them to come.

We hope we have nothing of which to be ashamed. We think we have something to teach. We know we have a lot to learn.

WE are very happy to congratulate Miss A. L. Perkins on her appointment as Matron of the City General Hospital, Sheffield. She has been an Assistant Matron at Guy's for five years, part of which time she spent at Farnborough in Charge of the Guy's Unit.

Miss Perkins will be sadly missed by the nursing staff for she is universally respected and liked for her humanity and understanding of the many aspects of a Nurse's life and work. We wish her many years of happiness in her new sphere.

EARLY this month the sum of One Thousand Pounds was presented by the committee on behalf of *The Gazette*, to the Clubs' Union, for capital expenditure.

It is with deep regret that we announce the death of
MURRAY STRATHIE
in this Hospital, on 18th April, 1948.

"Kinds of Men I've Met"

A SURGEON'S HASH OF ANATOMY, PHYSIOLOGY, PSYCHOLOGY AND PHILOSOPHY.

THERE is an abiding fascination in trying to class men according to their builds and natures, and there seems always to have been some recognition of the need to allow different types to adjust themselves, in conformity with their differences, to the lawful scheme of the existing society.

The mighty hunter and the glorious warrior fit easily into the scheme. The less virile Saga man or bard adds music to the tales "of great deeds wrought in ancient days," and is honoured for his charm, while the witch-doctor, with a twisted body and cunning mind, takes his place because he is feared.

It is, however, most difficult to define any one person in a measured pattern; each individual is so shot through with inconsistencies that there are innumerable overlappings, and he may show in some degree characteristics of every variety.

At the end of the last century Sir Francis Galton experimented interestingly in what he called "Composite Photography." His aim was to show the standard kind of face associated with different diseases and crimes. He photographed the faces, for example, of a number of criminals, the pictures being taken with detailed care so that the features were in as closely corresponding positions as possible in each photograph. If twenty pictures were taken, when the print was made, each negative would be given in turn on the same piece of paper, 1/20 of the time necessary for a complete exposure. The results were indeterminate. I recently saw such a composite picture made of the last 10 Prime Ministers of Great Britain, and though every single picture showed many points associated with forceful character and intelligence, the resulting composition presented the weak, sad, "mild-eyed and melancholy" face of a beaten man. Perhaps this is significant. However, the camera does lie, as it is alleged any woman will tell you. Much more satisfactory in giving an idea of character, is the strip of photographs which was recently in vogue—photographs taken of the same person in different actions and moods. The mind is able to synthesize from these a good idea of the nature of the person photographed. In the same way the series of portraits of Prime Ministers gave a better impression of this sort of man than the final composition.

So I shall try to convey to you my nebulous thoughts about the kinds of men I have met and leave the synthesis to your minds and experience.

You will notice that my title leaves out women; this is on purpose. I don't think that any man can form a useful judgment on woman until he has reached the serene and detached impartiality of Mr. G. B. Shaw's old Methusalah. Before then he views them either through a rainbow mist or through eyes so blurred with bitter black bile, or with alternations and graduations between these extremes, that his opinions are mostly valueless. Nor can women look impartially at one another. Nevertheless I think everyone will recognise in various dilutions and concentrations, valiant and com-

manding Boadiceas, wayward and charming Nell Gwyns, shallow and tawdry glamour-girls and, lastly, the woman who stands out in beauty in these verses :—

" I have been loved.
Once, long ago, I had so much to give :
All love's alluring subtleties I knew,
Warm raptures and the tenderness that binds
The fiercer passions into lasting stuff.

I was a friend, I kept a burnished mind ;
No man could give men friendship quite so sweet,
So mother-comforting as mine ·
And I could give the great gifts of the Gods,
With sons I gave men immortality.

Now I am old, I sit here quietly,
Calm in my corner with my memories.
Colour and warmth have left me, but I smile
My wise old smile, saying—" I have lived my life ;
I have been loved."

Z. M. THORPE.

In my strip of snap-shots I shall not deal with racial characteristics, an enormous subject needing special treatment, but I feel I must comment on a very interesting small section in Andre Maurois' book, " A History of the English People," in which he quotes an observation made by an English writer sometime after the Norman Conquest. This Englishman distinguishes very clearly between the Norman and Anglo-Saxon types. I am recalling this from memory so I cannot give the wording precisely. It went something like this : that the Anglo-Saxons were good-natured, friendly and easy-going, likely to be lazy and given to carousal in company. The Normans were aloof, and commanding and acquisitive, liking to live frugally but fastidiously in splendid manor houses. These types are, I think, still strongly represented in the British Isles, acting more or less excellently in complement one with the other and in many mongrel combinations. The Norman has usually an aquiline nose with thin-edged nostrils—the Anglo-Saxon a straight nose with fleshy nostrils. Mephistopheles is invariably depicted with Norman characteristics, while angels are given Anglo-Saxon faces.

There was in the common language until lately, but now it seems to be fading, a classification coming from the Greeks, and I think Aristotlean. Everyone is familiar with the following words and their application : " choleric, melancholic, phlegmatic and sanguine " even though they are less often used than they used to be, since the coming of the new psychologists, with their stress on complexes rather than evil humours.

The Anatomists have divided men according to their bodily habitus and in any gathering of size it is easy to pick out representatives. The descriptive nomenclature has been based on the Greek word Sthenos, meaning strength, so they talk of the hypersthenic, the sthenic, the hyposthenic and the asthenic. The hypersthenic is burly and thick-necked, sometimes short and stocky. His chest is barrel-shaped and deep and the angle made by the ribs at the lower end of the breast-bone is greater than a right-angle. He is heavily muscled and as a rule " muscle-bound." His abdominal organs are high in the cavity, the stomach especially is placed well up towards the rib edge. His hands are broad and his fingers tend to be spatulate. He often goes bald early in life and his countenance is open and florid.

At the other extreme is the asthenic, lanky and thin with a long neck and a prominent Adam's apple. His chest is long and flat and the rib angle at the breast bone is less than a right angle. His stomach tends to drop down to the pelvis. His hands are slender and sensitive. The hair of his head is often long. Perhaps this is more a psychological than an anatomical manifestation. It does, however, usually remain with him throughout life. His expression is often brooding and sad, but not always.

The sthenic and hyposthenic approach from each extreme an ideal type of build mid-way between, the athlete of the Rugby football three-quarter, cricket or tennis playing type. His neck is gracefully proportioned, his chest is not a barrel nor a flattened cushion. The costal angle is near to a right angle. His viscera are in their proper places, and his face expresses the joy of living seen on the face of the healthy sportsman.

There may be erratic mixtures of these characters, so that an asthenic may show broad spatulate hands, or a hypersthenic may have a surprisingly long neck and so on. Men are not turned out by a mass production system, and any classification should only be used as a guide in studying the individual. Before going on to a psychological grouping let us imagine how each of these types would react to a mouse. The hypersthenic might well say, "Damn that little blighter, he'll be at the cheese again": the sthenic, "By Jove: can't he run": the hyposthenic, "Hasn't he got bright little eyes?" While the asthenic might say, "Poor wee timorous sleekit beastie."

The simple and fundamental response to perceptions from the surroundings is immediate action suited more or less to the stimulus. But this reflex has been modified by steady increase in the complication of the brain and has been associated with an ever-increasing faculty and inclination for examining the nature of the stimulus before acting. In man a great number of the stimuli are stored as memory to be examined at leisure, and it is often years before judgment is made and action performed accordingly. At times, however, perhaps because of urgency, there is a breakaway below this sifting judgment, and the more immediate impulsive action takes place with a great sense of relief. Inhibition, in consciousness, is always accompanied by discomfort and at times distress. Everyone knows the pain of keeping one's temper. In lesser degrees, making a decision is uncomfortable, while inhibitions and releases are going on. In still finer degrees, more subtle thought seems to be minute balances of suppression and release. Thought is painful and its votaries often "sicklied o'er with its pale cast." Why then do we think? Perhaps it is to get the pleasureable sense of release, but I strongly suspect it is more to allow us to consider ourselves very fine fellows for so doing. I am not saying that with a sneer, for self satisfaction, controlled by good taste, is surely no vice, especially if it is not designed to show up to others their relative inferiority. Biologically, thought clearly has an outstanding survival value which will tend to make it an ingrained urge.

After the foregoing preamble I think Jung's psychological classification may be easier to follow. He pictures two main divisions—introverts and extroverts which can be divided into introspective introverts and extrospective introverts, extrospective extroverts and introspective extroverts.

The introvert tends to retire into his own mind and examine what is going on inside it. He finds it difficult to make decisions, but when he does, they are noteworthy. He is apt to be worried and too sensitive. His comments on matters are witty rather than humorous. He is not a good mixer. In his youth he is often ineffectual, but as he approaches thirty there may be a release of energy in artistic efforts or other attempts to make his dreams come true, and thus he passes into the sub-division of the extrospective introverts. Of these it has been said:—

"We are the music makers,
And we are the dreamers of dreams,
Wandering by lone sea breakers,
And sitting by desolate streams;
World losers and world forsakers
On whom the pale moon gleams:
Yet we are movers and shakers
Of the world for ever, it seems."

The extrospective extrovert is the hearty club man, sentimental, warm-hearted and friendly with everyone. He takes things at their face value and, though often impulsive, acts with common sense, but seldom, if ever, does anything outstanding. He is a humorist rather than a wit. If adversity drives him to look into his mind he is liable to become melancholic and burst out into a reactionary exhilaration of spirits. To help this he will often take alcohol in company and is in danger of becoming a drunkard. His sense of humour often comes to his rescue, and if on looking into himself he dislikes what he sees, he may laugh at it and even disown it, as these lines will show:—

"The day is dull, my spirits sink
To unsuspected depths of ink.
The sun shines, my spirits rise
To match the brightness of the skies.

Now who can this chameleon be
Who passes himself off for me
And paints me red and black and white,
A plaything for Herr Fahrenheit?"

In keeping with their respective abilities the poetry of the introvert just quoted is found in the Oxford Book of English verse and that of the extrovert in an obscure corner of a Sunday newspaper. The extrovert does not mind being chaffed and in fact enjoys it, while the introvert is apt to be "touchy." Between these limits there are again grades, variations and mixtures. The complete introspective introvert does not exist for long, but near approaches to this state of mind are found in asylums, in which this kind sit, almost physically inactive. The asylum becomes his castle in Spain, and withdrawn into his splendid phantasy he rules mighty empires, and even the sun, the moon and the stars bow down to him.

For the nearly complete extrospective extrovert there is also an asylum, where he grins cheerfully in an idiot's delight, unaware of any fine fancies; knowing only the simple bodily discomforts and satisfactions and unaffectedly obeying the simple impulses.

Modifying the reactions of all these types, are the excellent qualities of humour, taste, commonsense, intellectual ability and feeling for fair-play. If he has all these, the introvert is the flower of mankind, but this seldom happens; on the contrary there are many humourless, inept, and stupid introverts while the extrovert is often a thoughtful, genial man of elegance and, if not a world-shaker, he may be extremely able.

The behaviour of introverts who emerge from themselves, seems largely to depend on whether their dreams have been of power and glory or the true and the beautiful. Those whose desires have been to dominate may become ruthless, shattering fiends. To the second type we owe all art, philosophy and religion.

A correlation between the anatomical classification and the psychological is seen in the grouping, Cerebrotonic, Somatonic and Viscerotonic of Dr. William Sheldon. In the first the chief note is braininess, in the second bodily agility, and in the third the "innards." There is recognition of this in popular language; the Cerebrotonic is known as a highbrow and is often called "gutless," white-livered or cold-blooded, while the Vicerotonic has plenty of guts, is warm-hearted or suffers from liver, he sometimes vents his spleen and has the bowels of compassion. The Somatonic, an athlete, is a he-man with red blood, he is nippy on his feet or is a "braw laddie." It is interesting to note that there have been times in the history of man when emotions and even religious feelings have been given expression by the muscular actions of the body. Religious dances were and still are common in many parts of the world; the Greeks knew them. There were dancings round the Ark and we still dance for joy. The grace of the Somatonic is very pleasant, and I may say in passing, that the best type of fighter flying pilot is the slightly introverted, extrospective Somatonic—the kind that makes a good Rugby three-quarter. (The "Ace" is, as a rule, I believe, an introvert who is trying to prove to himself that he is not a coward). More than a young John Bull, who would be stubbornly effective in a square at Waterloo, but too slow for a Spitfire, he is becoming representative of the Englishman; lithe, moderately tall, well and quick-muscled, his brain is alert and not too imaginative to be practical. Perhaps significantly, he approaches the type of the young Uncle Sam.

There is a danger for this man. He too easily becomes overjoyed with his agility and, like Narcissus, wrapt in admiration of his body. To this, the adulation of the rest encourages him. The less-favoured Cerebrotonic envies, idealizes him in arresting statuary or in novels, while the Viscerotonic cheers him to make the playing-fields echo. Occasionally only one hears a bitter remark like: "Flannelled fools and muddied oafs."

H. G. Wells has classed these three types as essentially—priests, nomads and peasants, and this theme can be interestingly expanded.

From the Cerebrotonics come the philosophers; the true Somatonics and Viscerotonics are a little scornful of the intricacies of philosophy but use nevertheless philosophical rules of thumb as guiding principles, such as "Nevermind the theory as long as it works." "Fair do's." "Eat, drink and be merry, for to-morrow we die." "Grin and bear it," and so on. When I approach philosophy, I feel like an untutored savage peering in through the portico of an awe-inspiring temple. However, my peerings have shown me, I think, these main types: Firstly, the man who says in effect, "Everything is vain, so shun all faith, all hope and all desire; live like a dog, sleeping in a tub and shatter with witty, sarcastic invective all the pretentiousness of the world." At the best he is a frugal-living person and an excellent corrective to stupid affectations. At the worst, a dirty old sneering fault-finder, not even minding the lice in his unkempt beard.

Next is the man who says, " In life there is some stern purpose, devised by a Divine Creator. I cannot know this purpose and I can only see its direction just ahead of me. It is my duty to follow it with all my ability—one step enough for me." At best he is a Christian gentleman whose motto is " Bear and forbear." At the worst a hidebound, humourless, intolerant dogmatist. If he loses his sense of proportion still more he may become ecstatically self-denying, sometimes literally whipping himself with knotted throngs. By a number of different self-inflicted tortures he tries to subdue the flesh and traditionally we see him starving and emaciated on the top of a high pillar where he anoints himself with scorpions and centipedes for the glory of his choice of gods.

Thirdly, there is the man who believes that happiness, virtuously sought, is the highest good, pain the greatest evil. Pleasure should not be pursued, but only because it eludes the pursuer; when it comes his way it should be enjoyed with restraint and good taste. At the best he is a man who has learnt the art of living. At the worst he degenerates into an elegant, lascivious libertine and aften a sadist. Lastly, the eclectic tries to pick out from all these doctrines and make a synthesis according to his taste. At the best he is a kindly inconsistent opportunist; at the worst a feckless dilletante. This man will say when disheartened: All I know is that I am a tiny focus of mind, willy-nilly excreting thought, which becomes " a tale told by an idiot full of sound and fury signifying nothing "—but relieved by laughter and stretches of beauty.

These trends of distilled thought come, I think, from different temperamental dispositions below the level of fine spun reason.

All that the reasoning power does is to give a logical sanction to what are unconscious urges passed through the sifting judgments of the mind.

What makes these dispositions is difficult to decide. There are undoubtedly elements which are inherited, and education in the widest sense in the pre-reason stage, (say, to the age when the six-year-old molar teeth come, which we might call the " reason teeth,") is of great and permanent effect, while the bio-chemistry of the body, often twisted by disease, certainly plays a considerable part. Much knowledge of the importance of the bio-chemical effects is being gathered by the results of research into the ductless glands.

In my judgment the main elements of disposition are inherited. Good-natured and bad-tempered babies are soon recognised after birth, and the same differences can be discerned in a litter of pups.

There are two developmental tendencies which colour strongly the pictures I have tried to make. The first is the liability to fixation of a mental attitude at different phases in the mind's progress towards full growth. Everyone recognises easily the stages in the growing male. In infancy his affection is directed to his mother sometimes in rivalry with his father. As a schoolboy this feeling is directed more towards his gang. Frequently there is a passing concentration of affection on one boy. At adolescence his affectionate attentions are turned to the other sex in a diffused way and he is especially attracted by glamour girls. Finally he concentrates on a mate. At any one of these steps there may be an arrest which often is temporary, but in any case relics always remain. Sometimes the arrest is permanent. This fixation does not always result in unhappiness, but there is danger of serious disharmonies in such a personality. The man who was tied to his mother's apron strings does, here and there, settle happily with an older woman than himself. The man in the gang stage of arrest often becomes a contented bachelor schoolmaster, a member of one of the many different monastic sects or a college don. I am not suggesting for a moment that every celibate schoolmaster, don or priest is an example of general arrested development, the arrest occurs in one department only and may be compensated by development in other departments.

It seems to me that much of the sentimentality about the old school tie, apart from snobbishness, is a minor manifestation of the desire to be one of the boys again and commemoration days are always gatherings of " old boys " full of affectionate heartiness. This relic of boyhood is of immense value as it causes the team spirit and is in the basis of civilisation. On the other hand, it is responsible for gangsterism and narrow nationalism.

Pathological perversions of this stage of arrest are still punished by a savage law.

Arrest at the next step results, at worst, in the professional roué who may be an Epicurean or a crude libertine. In a " wishy-washy " form this type is seen often

enough as that figure of fun on the musical comedy stage, the hen-pecked husband with "the wandering eye."

The other developmental error is probably associated with some defect in the chromosome mechanism, right at the very beginning of individual development. The chromosomes are those minute particles in the nuclei of cells and have, packed in them, factors controlling strongly all the characteristics of the organism. This control starts as soon as the male and female cells unite. Femaleness and maleness have an equal chance of occurring, depending on the fact that 50 per cent. of unions will result in the extra chromosome being present, this chromosome being the one that carries the preponderating quality of femaleness; but strange anomolies quite often appear and recently I read, for example, in a reputable scientific journal, of a goldfinch which was completely male on one side and completely female on the other. It would not be wrong to say, I think, that the male is, genetically, a suppressed female. A cynical lady doctor I know once said: "Woman is a highly complicated perambulating incubator, and man is the wretched and inefficient accessory thereto."

In the case of the goldfinch an explanation is given and without going into technical details, it would seem that in one of the earliest divisions one of the female chromosomes falls out of its cell and this may happen entirely or partially, so men will vary between an almost completely suppressed femaleness (about 98 per cent. "he-man") and a man who is a near female.

The "he-man" is not the best specimen of the human-being and is apt to be a stupid bull-headed, blustering nuisance. What degree of female admixture in the male is best I am unable to say—too much results in lack of drive, but there is no doubt that the correct amount gives a man that extra finesse and quick power of perception which is known as intuition.

Excess produces the type which the conventional regard with a cruel distaste. Too often they are, like their female counterparts, pushed to the bottom of a lonely well. If ordinary people would allow these unfortunates to be unstigmatized and self-respecting they might make a greater contribution to the world than they do, for even though they do lack the quality of being pushing which is so much valued in a materialistic world, they are in disposition kindly, gentle intelligent persons often driven in despair to a fantastic bitterness and rebellious exhibitionism. Strange to say, Red Indians valued highly and found a place for this kind of man. There is a description of one of them in Hiawatha.

With the discovery of the functions of the ductless glands, which were found to pour into the blood streams of chemicals affecting the activities of every cell in the body, it was natural that imagination should range ahead of measured fact and many said: "Here are the essences which control entirely the build and personality." A fanciful physiologist said something like this: "Each of us is a symphony of functions in magnificent counterpoint and harmonies played by the orchestration of the endocrine glands and nervous system under the conduction of the Pituitary gland."

This may be true, but the subject is still seen "mistily," and much remains to be clarified. The conductor, for instance, has yet to be identified beyond a peradventure. However, certain clearly seen happenings in this chemical concert can be described. These glands and the nervous system seem to act in a cycle, each affecting the other and in turn re-affected, with the nervous system importing impressions from the outside world to speed up the process where necessary.

The pituitary gland can be divided anatomically into two parts with widely different functions; the anterior part is in control to some great extent of the growth of the body, especially the skeleton; it has effects on texture of the tissues and the deposit of fat, and it has much to do with sexual development and regulation, but most important is the part it plays in mental development.

An excess of secretion from the anterior part of the pituitary gland if it occurs early in life will cause giantism. Tall, heavy-jawed men often over seven feet high, with broad hands and spatulate fingers, they are somewhat clumsy but usually good natured and a little slow-witted. If the gland goes wrong after the age of 21 years, there is no further growth of the skeleton in length, but many of the bones thicken and expand and the skin becomes coarse and thick.

Deficiencies of secretion show themselves in various ways, and it would seem that these variations due to changes of quality as well as of quantity.

At the extreme opposite to giantism is dwarfism. One night at a music-hall in Hull, which I attended, there came onto the stage a man over seven feet high. He carried a suitcase from which he took a mannikin just over three feet high. Neither of these men were deformed, but both were examples of some freakish effect of the pituitary gland. These little men although physically perfect seem to die young, usually in the late thirties. The quality of the secretion in these cases is probably good, but there must be some deficiency of quantity.

There is another kind of dwarfism which is fairly common. Two or three used to be seen in the streets of Hong-Kong, and every circus has a few, who make most amusing acrobatic clowns. They are dwarfs with relatively long spinal columns compared with stumpy legs and arms. The base of the skull is much shortened fore and aft, so that they have a big bulging head above the face. They have pug noses, and pug-dogs, Pekinese and Bull dogs are in fact, the canine manifestations of this condition. The pot-bellied goldfish with bulging eyes and turned-up snout is said to be of the same abnormality. They are cheerful and merry little people, extrospective in type and enjoy clowning. The flabby, fat, good-natured boy and girl—as a rule blondes—with fine hair and a beautiful textured skin, examples of which can be found in every school, and, as adults, in every community, are cases of a moderate deficiency, in quality probably, of pituitary gland secretion; severer deficiency results in mental defects and idiocy.

The thymus gland almost certainly is an accessory to the pituitary, but to what extent is uncertain. Persistence of this gland, which usually atrophies at puberty is said to be associated with a sprawling overgrowth, not giantism, and continuation of childishness beyond the normal. It has been called the "Peter Pan gland."

The thyroid gland elaborates a relatively simple chemical compound with iodine. This compound can be made artificially. Its effects on the body are widespread. Acting on the rate of activity of all the cells, it calls the pace. Increase in the amount speeds up all processes, and in excessive amounts the sufferer becomes thin and jumpy, his pulse rate increases; he sweats and has diarrhœa. His body sugar stores are poured out and wasted while his eyes "pop out of his head." He may rapidly burn himself to death—unless a large part of the over-active gland is removed. Failure of secretion in early childhood produces the idiocy known as "cretinism." Stunted little creatures with lank hair and coarse skin; ugly and big-mouthed with a large protruding tongue, they talk few stupid words with a harsh voice. Treating these cases with thyroid extract, if it is started early enough, reduces them to almost complete normality. Less severe grades have been so benefitted that on occasions they have won scholarships.

Should the thyroid supply fail in later life a condition known as "myxœdema" occurs; the patient becomes fat and lethargic; memory is lost and the mind dulls; the pulse-rate slows and the blood pressure drops. The eyebrows fall out as well as the hair of the head. Apathy and indolence are the keynotes in the later stages. The benefit that thyroid treatment gives these people is enormous.

The supra renal gland has two main secretions. One is concerned with emergency states and is poured into the blood when rage or fear possesses the mind and its effects are transitory. There must however be minor fluctuations going on all the time reflecting petty annoyances and anxieties of daily life. The other secretion is not so well understood. There is, however, much evidence that it has to do with masculinity as tumours of the part of the gland which makes this secretion cause an excessive output. If this occurs in young male children there is a precocious development of the secondary sex characteristics, and a hairy, bearded little boy with a deep voice and big muscles results—the so-called infant Hercules.

These are the main instrumentalists in the concert, and the instruments are the several organs of the body and the mind. I think it is easy to see many of the influences that they exert in the pictures of personality and stature I have tried to outline.

The difficulty is in being sure about which does most and, if it is doing more than usual, what is stimulating it. Can education of the brain in the widest sense have an effect on the cycle, developing one gland and quietening down another? Is it possible after all, by taking thought to add to our stature or to increase the output of the thyroid gland so that it in turn acts on the brain to quicken its powers of perception? Or is everything pre-arranged and carried from parent to child in those minutely small packages—the chromosomes? Who knows?

Broadly speaking, I think the following is a fair grouping of the different attitudes

of men to their neighbours—the biggest groups being the middle ones. In Group I, the keynote is each man for himself and the devil take the hindmost.

In II, each man for himself, but lend a hand if it is not too hard so to do.

In III, each man for himself, but lend a hand whenever you can.

In IV, each man for himself, but you must give a hand to anyone who is likely to go under.

In V, share and share alike.

In VI, share out, giving the others more than yourself, but don't deprive yourself.

In VII, put others before yourself regardless of yourself.

The best men I have met have been driven relentlessly by an intense curiosity, and in my judgment this quality is by far and away the prime virtue of man. There should be a " Guy Fawkes Day " for the person who invented the rebuke " Curiosity killed the cat." It was not curiosity that killed the cat; it was " inquisitiveness," which is curiosity gone rotten with meanness and bad taste.

Curiosity canalised into intelligent inquiry should eventually make men so aware of their surroundings and the intimate natures of their fellow-men that knowing all, they must in reason, and not from sentimentality, " forgive all " and if a corrective is necessary, succeed in making the punishment fit the crime. Without the inquiring mind, eagerly alert, Faith is liable to become a shield for the lazy against the pain of thought; Hope becomes wishful thinking; Charity indulgence in self-righteousness or an instrument to gain an immense return of heavenly bounty for ever; Love becomes a compound of jealousy and emotional demands.

In curiosity I see Nature's antidote to the ill of dull stupidity that clogs the system of the world.

That, Ladies and Gentlemen, is the hash. I hope it is not too painfully indigestible.

P.F.S.C.

Guy's Diary

APRIL—MAY

ACADEMIC

April

26th. Exhibition in Gordon Museum. " Criminal Abortion (including an analysis of 100 fatal cases)."
5.00. Post-graduate and Senior Students' Pædiatric Lecture. Diplock.

27th. 12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.
12.00. Surgical Dept. Further Demonstration in the Series of Operative Procedures. Th. III.
1.00. Clinical Lecture. Sir Heneage Ogilvie. " Some Recent Cases."

28th. 2.30. Post-graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th. Surgical Block.

29th. 4.30. X-ray Meeting. Gordon Museum.

30th. 1.00. Clinical Lecture. Dr. Holling. " The Use of the Cardiac Catheter."
2.15. Medical Dept. Combined Round. Preclinical Classroom.
4.30. Demonstration in Hæmatology. Dr. Waterfield. Path. Lecture Th.

May

1st. 10.00. Surgical Departmental Round, conducted by Prof. Ian Aird. Clinical Th. Surgical Block.

3rd. Surgical Exhibition in Gordon Museum. " Hæmaturia."
1.00. Clinical Lecture. Mr. Stamm. " Pain in the Shoulder."
3.30. Demonstration in Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.
5.00. Post-graduate and Senior Students' Pædiatric Lecture. Diplock.

4th. 12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.

5th. 2.30. Post-graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th. Surgical Block.

6th. 1.00. Clinical Lecture. Mr. Willmore. " Causes and Treatment of Abnormal Speech."
4.30. X-ray Meeting. Gordon Museum.

7th. 2.15. Medical Dept. Combined Round. Preclinical Classroom.
4.30. Demonstration in Hæmatology. Dr. Waterfield. Path. Lecture Th.

SPORT and SOCIAL

April

24th. Tennis Club Trials (H.O.P.).

27th. 8.00. Residents' Play: " Block Dissection."

28th. Tennis Club Trials (H.O.P.).
8.30. Residents' Play: " Block Dissection."

29th. 8.00. Residents' Play: " Block Dissection."

30th. 8.00. Residents' Play: " Block Dissection."

May

7th. 2.30. Guy's Hospital Nurses' League. Annual Meeting.

Lectures in Brief—II.

ESSENTIAL HYPERTENSION. By Mr. ATKINS.

HYPERTENSION is defined as a blood pressure over 150 over 90 at any age, or over 140 over 90 in a person under 30 years. Such a standard is based on an analysis of life insurance statistics and if it be accepted fifty per cent. of people past middle age come into the hypertensive group.

Hypertension may be due to Nephritis, Toxæmia, Unilateral Kidney Disease, Extra-renal uræmia, Raised Intra-cranial Pressure, Pituitary Basophil Tumour or Supra-renal Cortical Tumour (these two associated with masculinisation), Supra-renal Medullary Tumour (paroxysmal high blood pressure), Coarctation of the Aorta (upper half of the body only is hypertensive), and Unknown Causes (commonly referred to as Essential Hypertension).

The relationship of vascular disease to hypertension is still debated. That it is an almost regular concommitant is not denied, but whether as the cause or effect is difficult to say.

Hypertension commonly presents as one of four clinical types, but there is a great deal of overlap.

(1) " Myocardial deficiency type " (males and females almost equally affected, and such deficiency is probably the immediate cause of 50 per cent. of hypertensive deaths).

(2) " Coronary type " (three to four times commoner in males than females).

(3) " Cerebral type " (the commonest type, referred to as " Hypertensive Encephalopathy ").

(4) " Renal failure type " (rapidly progressive in young adults. Headaches and retinitis are marked).

1, 2 and 3 have been termed Benign Essential Hypertension, and 4 as Malignant Hypertension. The distinction is however probably one of degree rather than quality.

Treatment for the most part should be conservative. Ten Commandments have been tabulated (after Irvin Page) as follows : (1) Cultivate serenity, (2) Come to terms with the inevitable, (3) Live a life of moderation, (4) Participate only in those affairs which you can influence, (5) Avoid fatigue, (6) Have more frequent periods of rest, (7) Avoid obesity, (8) Avoid food fads and eat a well balanced diet more frequently than usual, (9) Select a physician in whom you can place full responsibility for wise counsel, (10) Plan each of these measures with wise thought.

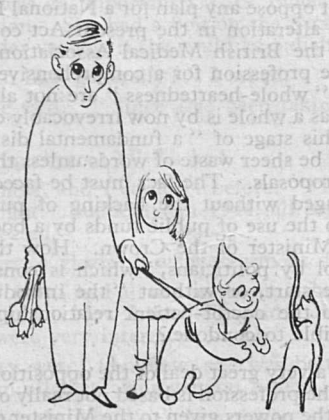
Sodium Thiocyanate may be of use, but it must be exhibited with discretion. The place of surgery (at least in this country) may be summarised as follows :—

It is recommended for the patient who would otherwise have but a short time to live, and for whom that period would be rendered intolerable by headache and other hypertensive symptoms. Alternatively it may be prescribed for patients with a systolic blood pressure of 240 or more. Those with impaired renal function do badly, and a history of recent cerebral or coronary accident is a contra-indication to operation. Every patient must be submitted to tests to assess the likelihood of benefit, tests which depend on paralising the sympathetic temporarily and observing the improvement in blood pressure. (The Sodium Amytal test is the most popular at present).

The rationale of sympathectomy is the lowering of the peripheral vascular resistance which dilatation of the arterioles over a wide field effects. The more complete the sympathectomy, therefore, the more profound the effect. Thoraco-lumbar sympathectomy through a thoracic or thoraco-abdominal approach, is the most commonly accepted operation. A number of surgeons have recorded marked improvement in blood pressure levels after operation, and many have noted that even when the hypertension returns, symptoms are often markedly relieved.

My dear — they don't let you smoke? how ghastly!

-and why can't we see her now?


When can she come home Sister?

Can I see my-er-sister?

Now what was it you asked me to bring?

Lulu adores people in bed!
SUSY 48

Correspondence

The National Health Service

SIR,—Our letter in your issue of the 13th March, which aroused so much correspondence in your columns, consisted, as you will remember, of little more than (1) a brief statement to the effect that after reading the main facts of the case (we hoped with open minds) we had found the B.M.A.'s "four points" extremely unconvincing—at any rate as the basis of a mass refusal to work the Act in its present form. (2) A plea for the tackling of "hypothetical evils" *after* the scheme gets under way rather than before. May we now say a few words in the light of various points made in your last few issues?

First it seems to us that in spite of eloquent appeals in Passim on behalf of clear and constructive thinking a few of your correspondents are still indulging in a highly coloured type of argument which has in the past proved entertaining at many a debate "for or against State Medicine," but which is of no real help in the present critical situation. We refer, for example, to suggestions that Fellows of the Royal Colleges may be dismissed by the Minister; railway porters created practitioners; or that the whole scheme is "naked party politics." These and other phrases when compared with the main facts of the situation (as set out for example in the *Lancet* of 24th January last) simply cannot be taken seriously.

Secondly, some of the arguments put forward by your correspondents force us to wonder whether they would not oppose any plan for a National Health Service, whatever its character. No conceivable alteration in the present Act could affect many of their reasons for opposing it. Yet the British Medical Association has lately "reaffirmed the whole-hearted desire of the profession for a comprehensive health service available to all"; and though signs of "whole-heartedness" are not always much in evidence, it is certain that the profession as a whole is by now irrevocably committed to this policy. Therefore to talk vaguely at this stage of "a fundamental dislike of the principles of nationalisation" seems to us to be sheer waste of words unless the phrase is accompanied by some sort of constructive proposals. The fact must be faced that no really comprehensive scheme can be envisaged without the backing of public funds and that no Parliament would ever agree to the use of public funds by a body that is not in the last resort responsible to it via a Minister of the Crown. How then can one do without some measure of the "control by politicians," which is considered by some people to damn the scheme from the start, or without "the introduction of a third party, holding the purse strings into the doctor-patient relationship"—which one of your correspondents finds it impossible to condone?

Thirdly, it seems clear that a very great deal of the opposition voiced by your correspondents and by a majority of the profession is based not really on the Act itself, so much as on an intense suspicion that the powers given to the Minister of Health will be abused. It is this spirit of suspicion, with its accompanying lack of faith in the ability of the Minister and of Parliament to exercise their powers reasonably so as to strike the right balance between the efficiency of the Service and the freedom of its doctors, that is the root of the trouble. Nobody will deny that the powers of the Minister are considerable. Those who prophecy their gross misuse, however, seem sometimes to forget that they are by comparison no more "dictatorial" than those granted by Parliament to many other Ministers. Surely it is a fact that *all* Ministers have in theory the power to do all manner of corrupt and senseless things. The safeguards against their doing so are always, in the long run, the existence of a free Press and Parliament and the pressure of public opinion. Rightly or wrongly, it has for a long time been the habit of Parliament to allow Ministers such powers as will prepare them for any likely eventuality. We have seen in recent years many examples of the granting of tremendous powers which have in fact been used little or not at all. Again, for the past thirty-six years successive Ministers of Health have held very drastic powers, especially as regards dismissal of doctors from the national "Panel" scheme. Is it not true that many fearful things prophecied when this scheme was first proposed have never in fact materialised?

Finally, we would say this. Your correspondents should not think us entirely unacquainted with the menace of bureaucratic control (which is after all inherent in

every large scale organisation), nor with its impact on the general practitioner. Five of us are the sons of doctors ; two of us already know well the way they sometimes do things in the Services. On the contrary we recognise that this factor will almost certainly prove a constant threat to the doctor-patient relationship in the new Scheme, and that the ethics of medical practice will have to be very carefully guarded. We are inclined to think, however, that this danger will be best countered not by a state of perpetual hostility towards the " politicians and bureaucrats," but by the doctor and the lay administrator each appreciating the other's point of view and endeavouring to co-operate more successfully than they have sometimes done in the past. However idealistic such a prospect may seem to some of your correspondents, we can see no sane alternative.

We are, Sir,

Yours, etc.,

T. B. BREWIN. R. G. NICHOLSON.
F. G. ELLIS. A. H. SALMON.
R. W. GLENN. I. A. W. SCOTT.
E. J. McGUIRE. W. J. C. SYMONDS.

Her Surname was Gordon.

SIR,—Her husband was an important C.C.G. official, and stood by to see that she had the best attention. She had a boil on the back of her head, a big, blind boil, that made me wonder vaguely if she could be a diabetic.

" What's your health like, generally ? " I asked.

" Much better," she said. " Since I've been taking Thyroid. I have five grains daily now."

" Why are you taking thyroid ? " I asked.

" Well, I can walk now, and I couldn't before." Then, seeing that she was ahead of me, " I was overweight. Suddenly, in 1944, all my muscles tightened, and I had to go to Bath to be treated."

" Ah · " I said, seeing a gleam, " what treatment did you have ? "

" Well," she said, " first I had all my teeth out ; then I had my tonsils out ; then I had no food for a fortnight. Now I have Thyroid. Five grains a day, and I'm much better. The Doctors were very interested in me."

I silently betted they were. Anyhow, she was better. Who was I to fiddle with her ? So, " Apart from all that, your general health is good ? "

" Well," she said thoughtfully, " it's been better since the cyst was removed."

" What cyst ? " I asked, lost again.

" My ovarian cyst," she said, and smiled up at her husband as if it had been a tender secret between them. " And ten days later my bladder burst, and I had general peritonitis. My temperature was 107," this last with a touch of pride. Then catching my eye, she said rather hurriedly, " My GALL bladder, of course. A stone ulcerated through. They said it was caused by the Typhoid." She lent back to see the full effect of that one.

I was shaken, but came back strongly with, " When was all this ? "

She calculated, and placed it in 1942.

" And when did you have typhoid ? " I felt that I was getting on top.

" That was in 1918. I was terribly ill in South America." She looked sad for a moment, then added brightly, " But it cured the Malaria."

I nodded dumbly. " When did you have malaria ? "

" First in 1910." I didn't dare ask how often she'd had it.

Yours, etc.,

" FRANKFURTER."

SARAH SWIFT WARD

Reviews

Progress in Clinical Medicine. Edited by RAYMOND DALEY and HENRY G. MILLER. Churchill. *Price* 21*s.*

OF value to anyone trying to keep abreast of modern work, this book will be particularly welcomed by those taking higher medical degrees.

The material has had to be considerably compressed by the twelve authors concerned, but a stimulating approach, a wide survey, and a good bibliography afford the required basis for further more detailed study of subjects ranging from venereal infections to psychosomatic medicine. Of particular value are the sections on metabolic, renal and cardiovascular disorders.

An improvement in future editions would be an increase in size of the book to allow more detail in each section.

J.M.L.P.

Human Physiology. By F. R. WINTON and L. E. BAYLISS. 3rd Edn. Churchill. *Price* 25*s.*

THIS is one of the smaller text-books of physiology, and the new edition, following thirteen years after the last, has many alterations bringing it up to date. Physiology should be a constantly utilised base for travel into the realms of medical thought, and a text-book on this subject should not be discarded by the student when he finally scrambles through his second M.B. This book is particularly valuable from this point of view, allying the history of medicine and physiology, and medical and physiological experiment to present day pathology, diagnosis and treatment.

Introduction to Medical Statistics. By HILDA WOODS and WILLIAM RUSSELL. Staples Press. *Price* 8*s.* 6*d.*

THIS little book explains simply and clearly how to compute and read tables of statistics, relating particularly to vital statistics. It is suitable to the needs of those taking the Diploma in Public Health.

Textbook for Almoners. By DOROTHY MANCHEE. 1st Edn. Baillière, Tindall & Cox. *Price* 27*s.* 6*d.*

THIS very long and detailed handbook, coming as it does just as the change to State Medical Service and Insurance is pending, should be of some value to almoners of the future as a comprehensive textbook of Medico-Social activities superseded by the new regime. The book contains much valuable information, but could have been shortened with advantage by omission of such individual matter as the specimens of stock letters, almoner's reports, registers, etc.

E.A.

The Occasion Fleeting. By HUGH BARBER. 1st Edn. H. K. Lewis & Co., Ltd. *Price* 15*s.*

THE author of this book must be very well-known to most Guy's men and several of his essays have already appeared in the *Gazette.* Dr. Barber, in addition to being a well-known physician and a great sportsman, for he was a cricketer of no mean ability, possesses that rare gift of sound philosophy which renders his literary works so enjoyable. "The Occasion Fleeting," while being of especial interest to Guy's men in particular as a chronicle of hospital life in Edwardian times, contains much wisdom for any reader, be he medically or lay-minded.

The essays deal with subjects which are often discussed and thought about but which seldom seem to be considered in writing. They provide a welcome change for the student who, momentarily tired of text-book data, seeks learning of a more worldly kind. He may not be given medical facts by this book, for that is certainly not its purpose, but he is taught, or rather told, about being a doctor. From the tranquillity of times that have passed, times in which the dignity of the profession was still alive, the reader may sense a welcome breath of quiet logic—a relief from the hectic matter-of-fact discussions of present day medicine. Here one may learn some of the art of handling sick people as practised by men whose minds were unclouded by the threat of National control. One may read of the "Consultant and Specialist," of the "Family Doctor," and, perhaps even more important, of the "Relatives and Friends."

Amongst these pages are to be found humour, wisdom and truth blended together to make a volume which should make a valuable addition to everyone's personal library.

D.H.F.

Diseases of the Nose, Throat and Ear. By I. SIMSON HALL. 4th Edn. Livingstone. *Price* 15*s.*

DR. SIMSON HALL'S popular handbook, first published in 1937, has now achieved its fourth edition. The principal changes are in the sections on treatment and take account of the altered outlook made necessary by the wider use of penicillin in throat and ear work.

Limited space forbids details, but there is much in these pages which will seem heretical here. It appears too that, preoccupied with covering the ground, the author has placed insufficient emphasis on matters of recurring concern to general practitioners for whom chiefly the book is intended.

L. F. W. S.

Early Ambulation and Related Procedures in Surgical Management. By DANIEL J. LEITHAUSER. 1st Edn. Blackwell Scientific Publications, Oxford. *Price* 25*s. net.*

DR. LEITHAUSER'S thesis is that the pathological functional changes resulting from the surgical trauma of laparotomy predispose to postoperative complications and that these sequelæ can and should be prevented by early ambulation. His patients are encouraged to stand by their beds 4 hours after the operation, to breathe deeply, to cough and then to walk. An experience of 1840 abdominal cases of all types, infected or not, treated in this way, has convinced him of its efficacy in reducing both mortality and morbidity. So confident is he in this treatment that cases of acute appendicitis are sent home 2.19 days after operation, after cholecystectomy in 6.9 days, and after perforated duodenal ulcer in 7.0 days. Bravado replaces the excuse of economic necessity and most surgeons would be uneasy to discharge their patients until the potential dangers of the later convalescence have been safely passed.

F. N. G.

Sex Fulfilment in Married Women. By HELENA WRIGHT. 1st Edn. Williams & Norgate. *Price* 5*s.*

THIS book continues and amplifies the theme of "The Sex Factor in Marriage," by the same authoress. There is no doubt that considerable ignorance exists concerning the sexual function in women, not only in husbands and wives, but in their would be advisers—family doctors. To correct this lack, this book, written clearly, without prejudice and frankly, may go a long way.

H. A. R.

The Natural History of Disease. By JOHN RYLE. 2nd. Edn. Geoffrey Cumberlege, Oxford University Press. *Price* 22*s.* 6*d.*

HERE is clearly the greatness of Ryle the physician. This book, or for that matter a ward round with him, has been one of the greatest inspirations in this reviewer's professional life, for he makes it clear that conscientious observation and recording, followed by careful consideration, could make the most ordinary of us into significant beings. These are the writings of a master biologist, interested in humanity, and together with "Rest and Pain," by Hilton, this book should come frequently off every doctor's shelf. Thank goodness that in coming out as a second edition one notices but little of change. A chapter has been added on the social pathology of rheumatic fever, otherwise we greet it simply because it will put some more volumes of this masterpiece on the market again.

H. A. R.

Hale-White's Materia Medica. Revised by A. H. DOUTHWAITE. 27th Edn. Churchill. *Price* 15*s.*

THIS book requires no introduction or commendation. In the new edition the latest information is provided, and that on Curare, Antibiotics and Insecticides will be particularly appreciated. Dr. Bishop has revised the sections on the sex hormones.

The Essentials of Modern Surgery. By R. M. HANDFIELD-JONES and A. E. PORRITT. 3rd Edn. Livingstone. *Price* 50*s.*

OF all the textbooks of general surgery, this is probably the best known at Guy's, and the most popular. It is authentic, nicely produced, well divided into chapters and sections of not too forbiding length, and clearly indexed.

In this new edition the section on Anæsthesia has been omitted, we think wisely, as it is something of an impertinence these days in any textbook of surgery. New chapters on Chemotherapy and Amputations are included, and at the end of several chapters brief notes on operative surgery can be found. The illustrations, always good, have been bettered. But as one volume it is now becoming a little unmanageable.

Happiness and Our Instincts. By R. D. LAWRENCE. Temple. *Price* 4*s.* 6*d.*

HEALTH and happiness are inextricably bound together, not only in song but in life. The doctor, if he would be more than a leech, must know something of the machinations of his patients' minds. In this short booklet Dr. Lawrence writes about what he has come to consider the fundamentals of human happiness. It is worth reading.

Aids to Gynæcology. By W. R. WINTERTON. 10th Edn. Bailliere, Tindall & Cox. *Price* 5*s.*

THIS new edition by an Assistant Gynæcological Surgeon at the Middlesex Hospital is just one of those Students' Aids Series books we all know perfectly well, as we well know the place they should occupy in our education.

A Baby is Born. By G. M. KERR. 1st Edn. Lantern Publishing Co. *Price* 3*s.* 6*d.*

A USEFUL and safe booklet for the mother, giving a practical approach to childbirth from conception to weaning.

Medicine, Essentials for Practitioners and Students. By G. E. BEAUMONT. 5th Edn. Churchill. *Price* 30*s.*

THIS well-known textbook has been extensively revised in its new edition and is now thoroughly up-to-date. There is still, however, a certain lack of balance in the work: one feels the junior student might well get the impression he will encounter syphilis of the œsophagus as often as follicular tonsillitis. In places, too, particularly the ætiological sections, the material is presented in a form so compressed as to be misleading.

Five editions in sixteen years is adequate proof of the book's popularity, however, and the new edition fully maintains the standard of its predecessors.

J.C.H.

Recreation

HOCKEY

In the lovely weather of the Easter week-end the second Folkestone Hockey Festival since the war was held. Guy's team and supporters met members of hockey clubs from the Continent and various English clubs. There were twenty-nine teams present, games were played throughout the day on the six available grounds. Guy's team played four games in four days. The standard of play suggested a relief from strenuous cup-winning efforts, the games were enjoyable, the result of the last game bespeaks the success of our relaxation at hotel bars, where our field opponents became friends whom we look forward to meeting next year. Our social activities included The Festival Dinner and Dance on Saturday 27th, and The Festival Carnival Dance on Monday 29th. Next year it is hoped to raise the standard of the festival; it is certain that Guy's will produce a team worthy of inclusion, and supporters to help make another enjoyable week-end.

Results:	Guy's *v.* South Saxons.	Won 2—1.
,,	*v.* Blueharts.	Won 2—1.
,,	*v.* Victory (Antwerp).	Drawn 1—1.
,,	*v.* Deal.	Lost 1—4.

CROSS-COUNTRY RUNNING

The second post-war season for the United Hospitals' Hare and Hounds Club ended on 27th March with a match of Past *versus* Present. Only by a very narrow margin could the younger element claim victory over the seniors.

Looking back over 1947–48 the Club seems to have made a most encouraging recovery and progress. Of the nine fixtures fulfilled three were won and five lost. Moreover, in the match against Oxford University "A" team, defeat was sustained at the cost of a mere two points. In the remaining match, the Ilford Road Relay, it was unfortunate that, after being well placed, the hospitals' team should be disqualified because on the fifth lap their man should run off the course.

In all, there have been thirty-six active members, while six hospitals have been represented in the team. For Guy's, B. Hartley and R. Goulding have regularly featured. More was the pity then that in the inter-hospitals' championship race held at Chislehurst on 13th March, Guy's, winners of the Kent-Hughes Cup on no less than twenty-four occasions since 1887, failed to muster more than three entrants out of the prescribed five for a full team. So Bart's won. What a disappointment to Dr. Munro who, as one of the founders and original members of the club sixty years ago, was the only other Guy's man there.

For next season a quite ambitious programme is contemplated. The headquarters will be at the Dysart Arms Hotel, Petersham, and courses of 5½ and 7 miles will be available in Richmond Park. The Annual General Meeting is provisionally arranged for Thursday, 17th June, at Bart's, and matches for the first team will take place with Westminster Bank, Orion Harriers, Thames Hare and Hounds, Ranelagh Harriers, Oxford and Cambridge. In addition, there will be handicaps and championships, as well as second team fixtures. It is hoped that not only the existing support will continue but that even more active participation will be evident, especially from Guy's. From time to time notices will appear on the Athletic Club board in the colonnade.

DEBATING SOCIETY

9th March, 1948.

Motion:—"Under present circumstances the Communist Party of Great Britain should be declared illegal." In the Chair: Dr. Campbell.

Mr. Earl in proposing the motion, having proved invalid all those points which he considered the opposition would raise, went on to outline the evils of communism in its present form. He cited examples from communist-dominated European countries of to-day, and emphasised very convincingly, how easily Britain could be subjected to communist rule. In conclusion, he compared the communist party to a malignant growth, for which the only cure was bloc dissection.

Dr. Hazlewood, opposing, stated that he himself was not a communist, and dealt with the motion under the headings, (1) Was it morally right?; (2) What would be the effect? He pointed out how rapidly communism had improved Russia in every walk of life, and contended that, economically at least, communism was a satisfactory policy. In trying to prove that the party was a democratic one, he cited as examples, many other European countries. (His remarks about Greece were greeted with shouts of "Rubbish!"). If any measures were to be taken against the party, he favoured eradication to suppression.

In the debate which followed, of the many excellent speeches, those of Messrs. G. O'Gourman, J. Payne, C. Nicholas, and P. A. Zorab, were outstanding.

In his closing speech, Dr. Hazlewood asked the House to keep their heads, expressed surprise at the amount of hate which had been sincerely expressed during the evening, and commented that such hate would only bring about world destruction.

Of 103 members present, 13 voted for and 41 against the motion.

23rd March, 1948.

Motion :—" Fresh air and exercise should be indulged in by all who are physically capable of it." In the Chair: Dr. de Navasquez.

Mr. Scorey proposed and Mr. Boenheim opposed the motion with impromptu speeches. After a lively and interesting discussion from the House, these two wound up the debate, and the motion was carried by 8 votes to 5.

Hospital Information, etc.

NOTICES

MEMBERSHIP COURSE

It is proposed to hold a Membership Course, starting on 3rd May, for the examination at the end of June. Names and addresses of those wishing to attend this Course should be handed in to the Medical School Office not later than Monday, 26th April, 1948.

NINETIES CLUB (GUY'S HOSPITAL). UNION OF "GOBLINS" AND "CONTEMPORARIES."

The Annual Dinner of the above club will take place at the Trocadero Restaurant, W.1, on Wednesday, June 2nd, 1948, at 7.30 p.m., with Dr. H. W. Bruce, M.D., in the Chair, preceded by a meeting at 7 p.m.

Price of dinner £1 1*s*. 0*d*., exclusive of wine. Will any who entered Guy's in the 'nineties, who do not receive a notice through the post, and who would like to attend, please send their names and addresses to the undersigned.

E. B. DOWSETT.

12, Gloucester Place,
Portman Square, W.1.

PASS LIST

FINAL STATE EXAMINATION

S.R.N.

Once again a 100 per cent. pass was recorded.

UNIVERSITY OF LONDON. SPECIAL SECOND EXAMINATION FOR MEDICAL DEGREES.

March, 1948.

D. B. Amos
J. H. Bailey
G. A. E. Baker
T. G. L. Bellis
S. K. Bosher
R. J. O. Catlin
D. J. Cliffe
J. W. Comper
K. V. Cooper
F. J. Covill
M. J. Craft
R. D. P. Druitt
J. Ernsting
J. C. Gazet
G. A. L. G. Glazebrook
H. Gold
P. H. Kendall
A. MacL. Kingon
P. J. Koblenzer
J. H. Maine
E. J. Masters
P. M. J. O'Brien
I. N. Pachmayr
S. A. C. Paget
J. Palmer
W. J. Pryn
S. H. Richards
G. C. Saint
R. J. Shephard
M. A. Sorefan
P. H. Staple
R. V. Steward
J. W. Goodfellow
H. V. Hoyle
W. V. James
J. C. Jelleyman
J. C. C. Kendall
D. J. Stoker
E. P. W. Tetford
T. G. Thomas
J. A. Thornton
L. Wollner

UNIVERSITY OF OXFORD.

Hilary Term, 1948.

GENERAL PATHOLOGY AND BACTERIOLOGY.

J. M. D. Hooper
A. C. M. Mann

APPOINTMENTS

REGIONAL HOSPITAL BOARDS.

The following appointments have been made under the National Health Service Act, 1946 :—
South-East : Lord Cuncliffe and Dr. E. R. Boland.

UNIVERSITY OF LONDON.

Dr. P. A. I. Gorer has been recognised as Teacher of the University in Experimental Pathology.

ROYAL COLLEGE OF SURGEONS.

Faculty of Anæsthetics.

The Faculty is governed by a Board of which the following are members :—
Dr. A. D. Marston (Dean) Prof. R. R. Macintosh and Dr. A. H. Musgrove

CHANGE OF ADDRESS

W. A. Porter, M.R.C.S., L.R.C.P., 45, Holmes Avenue, Hove, Sussex.

BIRTHS

IMRAY.—On 29th March, 1948, to Peggy (née Lee), wife of Dr. M. A. Imray, of Bowden House, Market Harborough, Leics.—a brother for Elizabeth (Robin Michael John).

KETTLE.—On April 11th, 1948, at Wimbledon Nursing Home, to Pamela (née Wild), wife of M. A. Kettle—a son.

DEATHS

STRATHIE.—On April 18th, 1948, at Guy's Hospital, London, very suddenly, David Murray Strathie, B.M., B.Ch., of 56, North End House, W.14.

Eds. { H.A.R. R.A.K-E

'AVLON'

brand

CRYSTALLINE PENICILLIN

(Sodium Salt)

Enhanced purity, potency and stability

Crystalline Penicillin ('Avlon') is characterised by its high standards of purity, potency and stability, and can be relied upon to produce optimal therapeutic effects.

- **Highly Purified**—It has a potency of at least 1,600 units per mgm. and contains not less than 96% of penicillin G(II).
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GUY'S HOSPITAL GAZETTE

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PASSIM

THE key to greatness is the ability to reduce all problems to their simplest fundamentals. This is especially so in the field of medicine, where more misdiagnoses are due to not seeing the wood for the trees, than to lack of knowledge. But medicine goes further than this, for a good doctor must not only be an able diagnostician, but he must be able to handle the case throughout to the satisfaction of both patient and relatives. He must have an understanding of human nature, and an ability to get on with people from all walks of life, for without this ability he can never succeed, however efficient he may be technically.

The old system whereby new doctors were apprenticed to physicians of long standing and acknowledged repute had much to commend it. Besides being able to instruct them in the art of medicine, the older physician was able to teach them much about human nature, with the result that the doctor became an acknowledged authority on many matters outside the field of natural disease. He learnt to treat the individual, not the disease.

To-day we are living in an age of specialisation, where regimentation is maximal and individualism at a minimum. Furthermore, the teaching of medicine is becoming more and more divided up into sections and sub-divisions, each a speciality in itself. In these circumstances there is a tendency for the patient to become gradually excluded from the picture altogether, and for a generation of doctors to be born that will develop into a series of automatons, treating every disease as prescribed in the text books, yet never considering the vagaries and whims of each individual.

This danger is greatest at a teaching hospital, because here students are taught, of necessity, by specialists, and so tend to develop a specialist's approach towards the patients they see. Accessory aids to diagnosis abound, and a vast laboratory service is available, so that diagnosis is made as easy as possible, and the difficulties encountered by the general practitioner are overlooked or forgotten. Nevertheless these difficulties are very real ones, as the student will soon discover for himself when he goes into general practice. At the moment he leaves Guy's totally unfamiliar with diverse snags and pitfalls which he has never encountered in a hospital, but which abound in domiciliary practice. In time he will find the solution to all of them, but his task would be immeasurably easier if he had had some advice from an established G.P. before he set up his plate.

Prior to the war a high proportion of medical students were doctor's sons, and hence had some idea of the working of a general practice, into which the majority of them ultimately went. Nowadays State scholarships and Government grants are enabling many people quite unconnected with the profession to take up medicine, and on leaving the shelter of a teaching hospital, they will find themselves very much alone in the world. This is more than ever so now, for under the State scheme an "assistantantship with a view to purchase" is a thing of the past, and the would-be G.P. will have to go straight into whatever practice he may be given.

The problem is a difficult one, but one does not have to seek far to find a partial solution. During the last year the hospital authorities have very wisely been inviting physicians and surgeons from other hospitals to speak and teach at Guy's. Would it be too revolutionary to suggest that a similar invitation be extended to some G.P's, so that they could speak on their own subject—general medicine? Their views are

sure to be both interesting and instructive, and it will be a nice point deciding whether they should be invited by the Department of Medicine or Surgery.

DURING the summer months Sister Out-patients would appreciate any gifts of flowers from Staff or Students, as they would do much to brighten up the Out-patients' Hall.

A Memorial Service to the late D. M. Strathie, B.M., B.Ch., will be held in the Chapel, Guy's Hospital, on Tuesday, May 11th, at 1.45 p.m.

THE 1948 Directory of Guy's Men has now been sent to all those entitled to receive a copy. There are, however, a few copies still available, and these may be obtained at the *Gazette Office*, price 5*s*., postage 3*d*.

Guy's Hospital Clubs' Union

Below are noted the main items of Income and Expenditure of the Guy's Hospital Clubs' Union for the year ending July 31st 1947.

The detailed accounts and balance sheet have recently been displayed in the Medical School in an edition of "Pulse." Owing to the limited facilities which the Clubs' Union were able to offer during the period of the war, the annual subscription was reduced to £4 4*s*. 0*d*. A return to the pre-war subscription has, up to the present, been avoided first because grants from the Medical and Dental Schools have been increased from a total of £300 in 1938–39 to £900 in 1946–47, and secondly, because a strict economy in the finances of Constituent Institutions has been observed.

To meet the steady rise of expenditure and to ensure the full activity of all the Clubs, the Clubs' Union Council consider that it may be necessary to revert to the pre-war subscription of £5 5*s*. 0*d*.

GUY'S HOSPITAL CLUBS' UNION.

Year ending 31st July, 1947.

INCOME.	£	s.	d.
To Subscriptions received	3,295	8	6
,, Grant from Medical School ..	600	0	0
,, Grant from Dental School ..	300	0	0
,, Rents from Tenants	135	0	0
,, Net Gate and Stand Receipts ..	185	11	4
,, Compensation for loss of use of part of Ground at Honor Oak Park	35	0	0
,, Interest on Reserve Fund ..	16	8	6
,, Interest on Bank Deposit ..	4	10	6
,, Donations	3	3	0
	£4,575	1	10

EXPENDITURE.	£	s.	d.
Ground Expenses	1,663	6	2
Expenses of Constituent Institutions	1,468	7	8
Fares and Travelling Expenses ..	322	12	0
Other Expenses— Guy's Hospital Gazette .. Maintenance of Squash Court and Gymnasium.. .. Printing .. .. .. Stationery .. .. .. Insurances, etc.	1,102	15	5
	4,557	1	3
Balance being excess of Income over Expenditure..	18	0	7
	£4,575	1	10

G. D. CHANNELL,
Hon. Secretary, Clubs' Union.

Some Rarer Causes of Attacks of Unconsciousness

A Lecture delivered at Guy's Hospital by MAURICE CAMPBELL, O.B.E., M.D., F.R.C.P., on July 11th, 1947.

LOSS of consciousness causes great alarm to the patient and his relatives, and can be a very difficult diagnosis for the doctor. I spoke to you last time about three of the commoner forms of loss of consciousness—epilepsy, the ordinary fainting attacks, and the Stokes-Adams attacks associated with heart block. To some extent we shall have to refer to these to-day in dealing with less common causes. As you will see from the list I am giving you later there is an extraordinary variety of causes, and the list is very far from complete. I am not talking about the patient who is unconscious over a long period.

Duration of Unconsciousness.

One of the first generalizations I want to put before you is that *no attack of unconsciousness which lasts for more than two or three minutes is due to the heart alone.* If it lasts longer than that it is either due to cerebral causes entirely or the heart may have started the loss of unconsciousness and changes may have happened secondarily that make the unconsciousness continue. I would like to illustrate this more fully because I think it is very important and not widely realised. Supposing there is a sudden heart standstill during an anæsthetic, an unfortunate thing but it does occur occasionally, the anæsthetist regards two minutes as a very critical period. He is anxious at once, but he becomes very much more anxious if the heart does not start again in two minutes. All the evidence goes to show that he is right in thinking it a critical period because if the heart stops for longer there are, as a result of anoxæmia, changes in the cortex that cause a longer loss of consciousness and secondary effects after the patient recovers consciousness. It is possible for such a patient to recover completely and be entirely normal later, but if it lasts more than about five minutes these critical changes are irreversible. A full account has been published recently (Howkins, McLaughlin, and Daniel (1946), *Lancet*, 1, 488) of one patient whose heart stopped during an anæsthetic probably for 11 minutes before it was started again, and the patient recovered and was alive in the ordinary bodily sense although the mental capacity did not recover. She was really in a condition of decerebrate rigidity for the remaining period of life and ultimately died of lung complications with bronchial pneumonia. The opportunity came to examine the brain and a good deal of degenerative change was found, particularly in the cerebral cortex, which had been responsible for the patient's mental condition.

We have been familiar for a long time with the fact that in some of the late stages of Stokes-Adams attacks patients sometimes start having longer attacks of unconsciousness and acute mental degenerative changes occur: they fit in with this group, so that it is important to try and find out when the heart starts again in these cases because it may make a very great deal of difference to the patient's prognosis and the chances of recovery.

With that one proviso I think you can say that all the cardiac causes we are talking about produce relatively short periods of unconsciousness, and in the longer periods one must always look for a cerebral cause.

Sudden or Gradual Loss of Consciousness.

The next general point I want to put before you is that *the way in which the patient loses consciousness is the most important single thing to find out in deciding whether it is serious or not.* I will illustrate this by two patients whom I have seen recently. One old man was sitting in his chair when he went unconscious and caused great alarm to everyone present. An ordinary fainting attack may cause great alarm and patients may look as though they are dead; in fact there are few conditions in which a patient can look so ghastly and so like death as in some ordinary faints. The doctor was there in a relatively short time, 10 minutes, and found nothing the matter with the patient except that he was a little confused. Quite rightly he took it seriously and took the patient into hospital. Within a few hours he had a second attack when it was observed that the pulse was absent during the attack of unconsciousness, but again he made a good recovery. Within 24 hours he died in a third attack, so that there is an illustration of unconsciousness being of the very gravest significance in a patient who was regarded as quite fit up to the time of his first attack.

The other man was about 10 years younger and was standing waiting for a car when he went unconscious. I saw him shortly after and although I knew that he had heart disease (which was not known in the other case) I took a much more favourable view of his prognosis. He returned to work and is still working and has not had any recurrence.

I have quoted these two cases but left out the most important part of the history of the second one, because I think it will help you to make the differentiation of the good and bad prognosis. The first man who died had no warning of any sort: he was sitting in his chair and fell unconscious. The second man was a judge who after a morning in court had felt uncomfortable all through lunch, perhaps because he had eaten for social reasons a rather bigger lunch than he liked; he wondered whether he was going to faint and he felt he could not walk back to court, and while waiting for a car he fainted. There was the warning, the feeling of faintness first, and although there are exceptions to this rule as to most others, I think it is a very important general principle that gradual loss of unconsciousness does not, as a rule, have the same significance as the absolute sudden loss. It is undesirable that new words should be introduced into medicine, as there are enough to learn already, but I am introducing two new words for this purpose because I have been reading a good deal about reported cases of unconsciousness recently and I find it difficult to know what is happening from the words in current use. In one otherwise good paper I read in one paragraph that a patient fainted, that he had a syncopal attack, that he lost consciousness, and I am left completely unaware whether the author is trying to describe three separate things or to vary his English in describing three identical attacks.

In the past I and others have sometimes used the word "syncope" for the sudden loss of consciousness against "fainting" which is often used for the more gradual loss. Lewis used it in that sense in some of his writings but it is an incorrect use of the word "syncope" which is defined (O.E.D.) as a change in the heart's action that may lead to loss of consciousness or to death: that, alone, makes the word very undesirable in medicine because if the same word is used for a fainting attack which is of little importance and for a method of dying which is as important as anything could be, the word ceases to have much scientific meaning. "Apsychia" is a classical Greek word for loss of consciousness and is fairly intelligible, and "tachyapsychia" would represent the sudden loss of consciousness and "bradyapsychia" the more gradual loss of consciousness. I am indebted to Mr. Yorke, Classical Tutor of New College, Oxford, for coining these words for me.

That was the main clinical difference between these two patients, one of whom died and one of whom made a good recovery. There is the same contrast between fainting attacks and Stokes-Adams attacks, the latter having a sudden loss of consciousness and the former nearly always having a more gradual onset.

Epilepsy, Stokes-Adams Attacks, and Faints.

Fainting attacks occur especially on standing and seem to be precipitated by heat, emotion, or pain. The main symptoms are pallor, mistiness of vision, dizziness, sweating and nausea (in this order). The pulse may be down to 40 or, less commonly, there may be a short standstill, although the rapid feeble pulse of the recovering period is more often felt. The blood pressure may fall to 60 or 70 mm. Loss of consciousness from the carotid sinus reflex is very closely related and has the same general features. The duration of unconsciousness is generally short, two or three minutes at the most, but repetitive attacks before the patient has completely come round may make it appear longer. The relief or prevention of these symptoms by atropine confirms the importance of the vagus in their production. Here again precision in the use of words is important. To me, and I think to most people, fainting means losing consciousness and it is in this sense that I use it, but a recent paper describes a proportion of patients who fainted as having lost consciousness where I would rather speak of faintness from the attacks without such loss.

The two main types of epilepsy, grand mal and petit mal, are well recognised but one must also remember that epilepsy may be idiopathic or symptomatic or Jacksonian. The last two may be due to a cerebral tumour or to cerebro-vascular changes and in the last case there may easily be confusion as there may be atheromatous changes in the heart as well.

Stokes-Adams attacks have been defined as occurring only with heart block though standstill of the heart or ventricular fibrillation without heart block will produce effects that are hard to distinguish. In this stricter sense half the attacks are due to ventricular

standstill alone, one quarter to ventricular tachycardia and standstill, and one quarter to ventricular tachycardia or ventricular fibrillation, the last being much more serious. Loss of consciousness follows within five or ten seconds of the standstill and convulsions follow within fifteen or twenty seconds, though these figures vary from case to case. Standstill of three seconds is generally of no importance. After a standstill of 120 seconds or more the heart rarely starts to beat again.

TABLE I.—SHORT LOSS OF CONSCIOUSNESS.

	Faints	*Stokes-Adams Attacks*	*Epilepsy*
Onset	Gradual	Sudden (or with sl. aura)	Sudden (or with aura)
Colour	Pale	Pale or cyanosed	Cyanosed
Muscles	Limp	Stiff and	Tonic, then
Movement	None	Some clonus	Clonic
Injury	Rare	Fairly common	Common
Micturition	Absent	Uncommon	Common
After-effects	Slight	Variable	Headaches

Table I is to remind you that the main differences between these three common forms of loss of consciousness: the fainting attacks, the Stokes-Adams attacks, and the epileptic fits. These two last belong to the group with a sudden onset, tachyapsychia. The fact that you sometimes get an aura with Stokes-Adams attacks or with other sudden attacks is not the same thing; the patient would not know that he was going to lose consciousness unless he had had previous experience of the aura.

You should also try to find out about colour because it is a great help in differential diagnosis; cyanosis is common in many cardiac causes although it is absent in most cases of fainting. It is present in many Stokes-Adams attacks but very rarely to the same degree as in epilepsy.

It is classical to regard the muscles and movements, the muscles as being limp with no movement, or tonic, followed by clonic, as in epilepsy. Stokes-Adams attacks often resemble epilepsy in the movements. Although in cerebral attacks whether the patient is convulsed or not depends on the type of unconsciousness, in the cardiac cases I do not think this reason enters into it at all: whether a patient loses consciousness only or becomes stiff with slight movements, or goes on to be a true epileptiform fit depends almost entirely on the length of time that the cerebral cortical circulation is arrested. I will give you some evidence about the time that these fits take. You are all familiar with the fact that micturition occurs in epileptic fits and sometimes it is regarded as a reason for saying that a fit is epileptic but it may occur if a patient is unconscious from any cause and in many longer Stokes-Adams attacks you will get some involuntary micturition and also the injuries that you get in epilepsy. Careful consideration of the time factors in Stokes-Adams attacks led to the conclusion that the arrest of the heart for 5 to 10 seconds leads to the patient going unconscious. It is a very short period and is a remarkable commentary on the amount of blood and the amount of oxygen that the brain needs, and it has been calculated that in spite of the relatively small size of the brain, it needs very nearly one-third of the total amount of the blood that the heart is putting out at each beat. You have probably all been struck by the relatively large size of the vessels going to the brain, and this corresponds to the very high demand that the brain tissue makes for oxygen, and the very short period that elapses before it fails to function without it. It has been found that if the heart stops for 5 to 10 seconds the patient becomes unconscious but does not have any other symptoms, but if the heart stops for 15 to 20 seconds there is the added phenomenon of convulsive movements or a fit stimulating epilepsy.

EXPERIMENTAL PRODUCTION OF LOSS OF CONSCIOUSNESS.

We have a very striking commentary on this from some recent experimental work where patients have been made unconscious by an arrest of the cerebral circulation (Rosen, Kabot, and Anderson (1943), *Arch. Neurol. Psychiat.*, 50, 510), and therefore these things that had to be deduced with difficulty from individual cases can now be looked at much more accurately. A special blood pressure cuff was put round the neck and inflated to 600 mm. and the patient lost consciousness within 5 to 8 seconds as the

cuff was blown up. The subjects of these investigations were some students and some prisoners; it is an American investigation. The cuff was released automatically by the experimenter as the patient went unconscious; it was easy for the subject to release the cuff himself, as he only had to move his finger, but few of them did so and had they been left to release themselves they would have died. That shows the lack of judgment consequent upon lack of oxygen, which has been familiar from the earliest days, and it is a very important point to take into account in all investigations of lack of oxygen. The experimenter released the cuff as soon as the patient went unconscious and they returned to consciousness very quickly, in about the same period that they lost it, and that gives the time that the heart needs to get the circulation going again. They were perfectly normal with no symptoms and were able to resume their work within a moment or two.

Then they tried a longer period of arrest of the circulation, using some pateints with severe schizophrenia where all methods of treatment had failed to improve them. They were kept unconscious for periods of 100 seconds instead of 5 or 10, and there was the development of the secondary phenomena, after about the same period that had been worked out for the patients with Stokes-Adams attacks. The convulsions started after about 15 seconds and then for the next 30 or 40 seconds there were the typical epileptiform fits which might last for that period. Incidentally, it gave one a good opportunity for studying the exact rate of development of the different phenomena of the epileptic attack, and always the elevation of the eyes was one of the first signs observed. Having been unconscious for a further period these patients took rather longer to regain consciousness but they were completely without any after effects. You will remember that the period of time of unconsciousness that was regarded as critical was 120 seconds after which one begins to get cerebral changes and for that reason they did not carry out observations for any longer.

TABLE II.—SOME CAUSES OF SHORT ATTACKS OF UNCONSCIOUSNESS.

1.	Standstill of the heart (and S-A block)	Neurogenic (*a*) with normal heart (*b*) with diseased heart Myogenic
2.	Slowing of the heart with fall of B.P. Fall of B.P. alone	Fainting attacks Carotid sinus syndrone Postural hypotension Severe hæmorrhage
3.	Ventricular standstill	Stokes-Adams attacks (neurogenic rare)
4A.	Arrest of circulation from tachycardia	Paroxysmal ventricular tachycardia and fibrillation. Stokes-Adams attacks if with C.H.B.
4B.	Slowing of circulation from tachycardia	Paroxysmal tachycardia and fibrillation 1 : 1 flutter
5.	Special groups	with coronary thrombosis with angina with aortic stenosis with exertion with severe heart failure with cyanotic heart disease (Cheyne-Stokes, etc.)
6.	Unclassified	with coughing with labarynthine vertigo hypertensive crises cataplexy with laughing
7.	Non-cardiac	narcolepsy epilepsy (grand and petit) idiopathic and symptomatic cerebro-vascular epilepsy cerebral tumour gastric pressure hypoglycæmic attacks

Table II gives a more systematic view of the numerous changes in the cardiovascular system that may result in loss of consciousness and show you how you can try to decide on these in different cases.

Unconciousness due to slowing of the heart.

In the first three groups the circulation is either arrested or slowed by the heart being arrested or slowed. In the next group the heart is going faster than usual, so fast that it is failing to be effective. Next there are various types of change that are less easy to classify, some of which I shall say a little about. The sudden slowing of the heart is the most obvious way of arresting the cerebral circulation and it happens more often from nervous causes than from primary myocardial change, and that illustrates the third general principle I want to bring before you in trying to decide whether any particular time of unconsciousness matters or not, *that it may be due to organic disease of the heart, or may be due to some nervous mechanism slowing the heart or making it go too quickly.* Most nervous mechanisms will permit some reflex response that will prevent too serious damage being done. The heart stopped by nervous mechanisms will tend to start again before the patient is irretrievably damaged and if the cause is neurogenic the prognosis is relatively good, while if the cause of the stoppage or the more rapid rate is organic changes in the heart muscle, ther is no guarantee that an attack will not last so long that death will result rather than temporary unconsciousness. A general examination of the heart and a search for any evidence of heart disease is most essential.

This applies very much to the first group. Standstill of the heart with heart disease is very serious and liable to be so long that the patient dies, but most of these cases are of nervous origin with a good prognosis. There are not as many proved records as I would like of how the heart behaves during attacks of unconsciousness, leaving out Stokes-Adams attacks of which there are many records and where I told you the two main mechanisms were either ventricular standstill or ventricular tachycardia or ventricular filbrillation. Clearly, other attacks of unconsciousness do not occur so frequently or are difficult to get actual records of, but I found more published examples of this first group than of the other mechanisms I am going to talk about. Standstill of the heart of nervous origin is quite a common cause of such attacks. Some of these attacks are very like ordinary fainting attacks but more sudden in their onset because you have standstill of the heart rather than slowing-down, and in that sense they imitate the more dangerous group with tachyapsychia.

One of my main groups in the second category is the ordinary fainting attack, and then the mechanism is slowing of the heart rather than standstill, with a fall of blood pressure. Most cases of the carotid-sinus syndrome where pressure in the neck produces a loss of consciousness belong to that category and are more closely related to ordinary faints. I have been told recently of a striking incident where a tram-driver always went unconscious at a particular point of his route. It was regarded as psychological, as no one could think of any other reason. An enterprising doctor went with him on his tram to see what took place after a psychologist had failed to find any reason for it. It was found that it was a place where there was a difficulty about the points on the line and he leaned forward to see whether they were in the position they should be ; he was a little old-fashioned and wore a stiff collar, and that pressed on his carotid sinus and produced unconsciousness. The story is difficult to believe but he was said to be able to carry out his work perfectly well when he gave up his stiff collar. This is an interesting type though not very common : I think other reflex mechanisms are more often responsible than the carotid-sinus syndrome.

Unconsciousness due to hæmorrhage.

Closely related is the patient where there is a fall of blood pressure alone without any change in the heart rate or even in some cases of hæmorrhage with an increase in the heart rate. It is the fall of blood pressure which is significant and there have been some investigations recently which help us to understand what the mechanism is.

As an illustration of this type (all these illustrations are taken from cases I have seen within the last few months) a man was working on this allotment one Sunday morning when he felt faint ; he sat down and expected to be all right, but he felt more faint and lost consciousness completely and fell off the bench. A typical story of bradyapsychia and not in itself of serious significance, but it was due to a large internal hæmorrhage from a gastric ulcer. MacMichael and others (1944, *Lancet*, 1, 489) working at Hammersmith have done full investigations on this loss of consciousness after hæmorrhages and have found that there is no reduction in the cardiac output during the time the patient loses consciousness. It is surprising to get these large falls of blood pressure and yet to have the cardiac output maintained : it can only happen from changes in

the periphery and there must be a great fall in the peripheral resistance. Yet the skin is pale so that the blood is clearly not collecting in the skin : investigation shows that the greater part of the blood in the body is in the muscles so that there is a very inadequate supply for the cerebral circulation. It seems to me, teleologically speaking, an interesting example of the body's mechanism for avoiding death : if the blood is allowed to stay in the circulation after there is a large arterial tear the patient will bleed to death because so much blood will be lost that there is no chance of clotting and irretrievable damage will be done. The mechanism involved is that the blood is temporarily drained into the muscles to prevent it being lost in the tear in the artery and that leaves none for the cerebral circulation and the patient becomes unconscious, but it allows clotting to take place so that you get improvement and recovery.

Unconsciousness due to postural hypotension.

The other condition I have put down under fall of blood pressure is interesting—cases of postural hypotension. You all get a certain change in blood pressure and some more than others ; it is one of the factors that makes people more prone to faint standing up than sitting down. The patient with postural hypotension may get such a severe fall as soon as he gets into the erect position, that he may find it difficult to maintain any activity at all because of the proneness to faintness or unconsciousness that follows. If the present treatment for hypertension with sympathectomy continues and is found to be of value, we shall see more of this clinical picture of postural hypotension because it is one of the results of complete sympathectomy and most patients treated in this way go through a period of marked postural hypotension. Most of them lose it after a time, otherwise the operation would not be reasonable.

But there is also a curious group of patients where there is a mixture of three symptoms, postural hypotension, a failure to sweat on one side of the body, or sometimes on both sides of the body, and perhaps impotence—a curious combination probably of nervous origin as it occurs most often in connection with tabes and syringomyelia.

I need not say anything about the groups where it is due to ventricular standstill because these are the typical Stokes-Adams attacks talked about previously.

UNCONSCIOUSNESS DUE TO RAPID HEART RATE.

An important group is where increase in the rate of the heart leads to loss of consciousness and the distinction I want to make here is between the rarer cases where you get arrest of the circulation from tachycardia and the much commoner cases where you get dimination of the circulation from the tachycardia. The changes of rhythm that may produce arrest are paroxysmal ventricular fibrillation, which is just as certain to produce arrest of the circulation as standstill of the heart, and some cases of rapid ventricular tachycardia. Many of these occur in cases of heart block and are the second variety of Stokes-Adams attacks. They also occur in other patients and therefore may not strictly be diagnosed as Stokes-Adams attacks and then there may be nothing in between attacks to draw your attention to the heart. I am doubtful if any of the cases of ventricular fibrillation occur without grave myocardial changes although in the case of a young woman of about 33 years I could find nothing else the matter. After seeing her for three or four years, during which she had fairly frequent attacks, some with sudden unconsciousness, I lost sight of her and cannot get in touch with her again. Whether she died or whether she is one of the rare cases where it was not associated with grave disease I am not sure. Certainly a few of the cases of ventricular tachycardia produce sudden loss of consciousness of this type without any other evidence that there really is heart disease. Most of the group will have heart disease and a bad prognosis.

There should be an added cross line in the table because occasionally other changes of rhythm will produce a complete arrest of circulation and a sudden loss of consciousness. Some of you may have seen a patient who had auricular fibrillation for ten years and when we went into the past history we found that he had lost consciousness quite suddenly without warning in church one day, so suddenly that he broke his glasses and cut his head in falling Within a few days he was found to have auricular fibrillation and during the subsequent ten years he had never had an attack of unconsciousness at all, so that it is almost certain that the sudden loss of consciousness was the onset of auricular fibrillation, but this is very rare. Much more often it produces faintness and dizziness if it affects the cerebral circulation at all. Auricular flutter is a rather more common cause : quite often you will find in patients with flutter that they give a history of sudden attacks of unconsciousness, when they get up, or when they exert themselves, or without any particular reason, and in some of these you will find that it is due to the assumption of 1 : 1 rhythm : ordinarily the rate of the auricle is perhaps 360 with 2 : 1 block so that

the ventricles beat at 180, and maintain their circulation adequately; if they get 1 : 1 ventricular response the rate goes up to 360 which is too fast to produce any circulation at all, and the patient goes suddenly unconscious. Much more often these cases will produce faintness or possibly a gradual faint rather than a sudden loss of unconsciousness. As an instance, I saw an old lady a few weeks ago who for the last year or two had had paroxysmal tachycardia; she reached up one morning to get something and started her attack in that way, as a sudden movement so often does, and she got up in spite of it and prepared her breakfast feeling uncomfortable and a little faint; instead of sitting down she went on doing her work and dropped unconscious. It was an instance of the slow onset: she had had her warning; she had been feeling faint, and if she had lain down she would not have lost consciousness. That is a more common variety with this diminution of the cerebral circulation due to rapid heart action.

Miscellaneous Causes.

So far we understand fairly thoroughly what the mechanism is but there are other conditions where we have much less understanding of the mechanism involved and the next group are classified on the associated findings rather than by the mechanism involved.

Loss of consciousness with *coronary thrombosis* is always of grave significance and such patients do very badly, but it is due to an extraordinary variety of causes. There is nothing to prevent heart block in such patients, in fact many have it. The patient may faint from the severity of the pain but I think the main factor that makes loss of consciousness so serious in coronary thrombosis is that the fall of blood pressure is the factor involved in most faintness. The drop in blood pressure is a measure of the inefficiency of the heart muscle and in that sense gives a correct guide to the prognosis so that many of these cases really belong to the fall of pressure group which includes the postural hypotension cases: yet the fall is due to a weakened cardiac output rather than to any changes in the distribution of the blood as in hæmorrhage. It is a good illustration of how variable the underlying cardiovascular case may be in producing the same end result on the cerebral circulation.

The association of loss of consciousness with *aortic stenosis* is very important and is not widely recognised; it is a very special type. You will often get the story that the patient with aortic stenosis can walk a certain distance and then he has a feeling that he is going to lose consciousness and unless he is very quick in stopping and sitting down, and sometimes in spite of that, he goes suddenly unconscious. It has a grave prognostic significance, as most of these patients sooner or later die suddenly, but some of them have lived for five or six years. I have only been able to find one record of the actual behaviour of the heart during such attacks. It was a patient who volunteered to reproduce his attacks of unconsciousness by taking the proper amount of exercise he thought necessary to being it on, and Marvin obtained an electrocardiograph of what his heart was doing during that period. There were various changes of rhythm, but they were not likely to produce the unconsciousness by themselves and the most striking thing was the extreme deviation of the S-T interval, very like the high S-T changes that you get in experimental animals after ligature of a coronary vessel. I think that it represents a very sudden diminution in the blood flow into the coronary arteries producing a cardiac insufficiency, the poor flow depending on the actual changes of the aortic stenosis itself. Possibly sometimes the actual mechanism is ventricular fibrillation although it was not recorded in the patient I am quoting. In any case one must always regard it as very serious.

A few patients with angina will show something similar and get attacks of this type *on exertion*, but there is one type with exertion which is of no significance and is an interesting contrast to those patients with aortic stenosis. Most people who had to do with training recruits saw it and it causes great difficulty and considerable alarm. One of the criteria for ordinary fainting attacks is that the patient is generally at rest at the time and when a patient goes unconscious during exertion it is much more liable to be regarded as due to serious organic heart disease. I believe the explanation is quite simple. In exercise there is an enormously increased blood supply to the muscles, but as long as the muscles are active with the exercise thay also increase the pumping action so that you get a good return of the auricle. If somebody who is not in good training pushes himself to his upper limit and stops suddenly he may faint rather suddenly because so much blood has collected in the muscles and the pumping action is lost, with a complete failure of the auricular filling. Although the occurrence is alarming it is of no significance and is no sign that there is anything wrong with the heart.

I have very little time to deal with the other causes; I will not say anything about *hypertensive crises*, it is much commoner for the patient to feel faint with them, but sometimes there is loss of consciousness.

I would like to say something about loss of consciousness in relation with *coughing*. I saw recently a man who has had bronchitis during the past 20 or 30 years but only during the last six or eight months has he had attacks of unconsciousness. It is very difficult to prove that these are not epileptic, and some people have thought they were although provoked by coughing, but it is such a striking symptom complex and so unlike epilepsy in other ways that I feel sure it is not. The patient gives four or five sharp coughs as a rule and then suddenly drops unconscious; he recovers within a very short time and notices no after effects. The loss of consciousness is so short that if he is sitting in a chair he probably does not fall out of it, but if he is standing he is unconscious long enough to fall. I think it is another instance of difficulty in auricular filling. The intrathoracic pressure is greatly changed during coughing and with this very violent cough you get sufficient elevation of the intra-thoracic pressure to prevent auricular filling. It comes into the group of patients where the heart is perfectly sound but it fails momentarily because there is no blood flow into it, the right auricle being mainly affected.

I would draw your attention to the rare condition of *catalepsy* where the patient goes unconscious after laughing. If you see such patients the most striking thing about them is the extraordinary loss of muscle tone; some of them are not unconscious but look as though they were because of this loss of muscle tone. I think it is not due to a failure of auricular filling. It has some association with narcolepsy, and you often find catalepsy attacks occur in the same patient; it is probably a neurological rather than a cardiovascular condition.

Labarynthine vertigo is often spoken of as a cause but although such patients frequently fall to the ground and may hurt themselves, I think it is uncommon for them to be unconscious.

This shows you the great variety of things to be considered in a patient who has attacks of unconsciousness. It may be very serious or quite insignificant. The things I particularly want you to note are whether the start of the attacks is sudden or gradual, its duration and any changes of heart rate, of colour, or of muscle tone, and a careful examination of the patient to discover whether there is evidence of heart disease or not. If it is gradual you can feel fairly happy about a dangerous issue, and especially if you fail to find any other evidence of heart disease.

Guy's Diary

MAY

ACADEMIC

May.

10th. Exhibition in the Gordon Museum "Hæmaturia."

11th. 12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.
12.00. Surgical Dept. Further Demonstration in the Series of Operative Procedures. Th. III.
1.00. Dental Clinical Lecture. Mr. R. E. Rix. "Open Bite."
1.00. Clinical Lecture. Mr. Blackburn. "Varicose Veins."

12th. 2.30. Post-graduate Revision Class in Amæsthesia. Dr. Marston. Clinical Th. Surgical Block.

13th. 4.30. X-ray Meeting. Gordon Museum.

14th. 1.00. Clinical Lecture. Mr. Brock. "Bronchiectasis."

17th. 3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.

18th. 12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.
1.00. Dental Clinical Lecture. Mr. K. E. Pringle. "Treated Orthodontic Cases."

19th. 2.30. Post-graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th. Surgical Block.

20th. 1.00. Clinical Lecture. Mr. Eckhoff.
4.30. X-ray Meeting. Gordon Museum.

21st. 1.00. Clinical Lecture. Sir John Conybeare. "Dry Pleurisy and Pleurisy with Effusion."
2.15. Clinico-Pathological Conference. Pathology Lecture Th.
Coronary Thrombosis. Pulmonary Infarction. Dr. Douthwaite.
Diabetes Mellitus. Dr. Douthwaite.
Subacute Atrophy of the Liver. Dr. Hardwick.
4.30. Illustrated Hæmatology Lecture for Senior Medical Students and Final M.B. candidates. Pathology Th.

SPORT and SOCIAL

May.

9th. Tennis Club. United Hospitals *v.* Oxford University (H.O.P.).

10th. 4.30. "Science and the Christian Belief." R. E. D. Clark, Esq., M.A., Ph.D., Physiology Th.

12th. Golf Match *v.* Middlesex.

13th. Rifle Club Evening: 1st VIII *v.* King's College R.C. (Away).

14th. Rifle Club. .22 Practice.

15th. Tennis Club. 2nd VI *v.* Royal Veterinary College (H.O.P.).

19th. Tennis Club. 1st VI *v.* City of London Police (H.O.P.).

Sport

ASSOCIATION FOOTBALL

GUY'S *v.* SOUTHWARK PARK CLUB

at Millwall. Draw 3—3.
Thursday, 29th April, 1948.

The Annual Charity Game played this year on the Millwall F.C's. Ground, was in aid of the Children's and Out-patients' Tea Fund, and the Southwark Park Children's Party Fund. Miss Cherry Lind, of B.B.C. Merry-go-round fame, kicked off, and a most exciting and entertaining game followed, which well rewarded the many who supported these deserving charities.

The most outstanding features of the game were the numerous shots each side had at goal, and the force of the six shots which scored.

Guy's were leading at the interval by 3—1, thanks to excellent goals by Sturdy (2) and Lewis, but fell away slightly in the second half, perhaps due to the fact that the team played its last game more than five weeks ago. Southwark Park equalised by means of a penalty, and a brilliant goal by their inside left.

Play on both sides was of a high standard. It, at no time, indicated that it was the swan song to the 1947–48 Season, and a draw truly did justice to both sides.

Sturdy was Guy's outstanding forward, whilst in defence Harris, newcomer Lipington and Skipper Riches stole the honours.

This was Riches last game in Guy's colours. He has been a source of inspiration to the team both in his play, and in his captaincy (a post he has held for two seasons), and it is an understatement to say that in both rôles he will be greatly missed.

Finally, our thanks are due to Mr. J. Betts for his organisation of the game, and the Millwall F.C. Directors for their co-operation.

Team : A. H. Whitaker, D. Lipington, D. C. Harris, D. G. Matthews, H. R. C. Riches, P. A. Swift, R. Skaith, J. C. Leckie, D. E. Sturdy, N. I. Lewis, P. J. Holloway.

ICE HOCKEY

A very thrilling match was played against the combined senior teams of the Civil Service and the Earl's Court "Marlboroughs," on Monday night, April 19th, at Harringay Arena.

The Guy's team was unfortunate in that both teams arrived on the same date and, being itself depleted by the absence of P. Ronchetti because of fractured ribs and of R. Lindsay, and as Captain M. Gray was able to play defence only due to an injured muscle, they found the going desperately hard, especially as the Marlboroughs had brought this year's Olympic goal-minder.

The match was fought with grim determination, and frequent spills showed that Guy's have learned much in the way of body-checking, and while the opposing team incurred one penalty, Guy's had a clean record throughout.

All praise must go to defence men, M. Gray and S. Annen, who, with almost clock-like precision and regularity broke up the opponents attack and succeeded in clearing the Guy's blue-line area of the puck. Though two of the four goals scored against us resulted from intercepted passes from the defence, neither of which gave goal-minder P. Howe a chance of saving them.

The final score was 4—0 against Guy's and being in their first season the team deserves the very highest praise in standing up so well against a seemingly unending stream of fresh men representing some of London's best amateurs.

In conclusion, grave concern has arisen in respect to falling numbers. Some people are leaving this term and unless our numbers are replenished before then, we would seriously have to consider forming a United Hospitals team in order to be able to play. There must be many people who can skate and would like to play, and the Hon. Secretary, H. Ohlrich, would be glad to hear from them, even if they have never played ice-hockey before. The Club will provide equipment—except skates—until people have discovered whether they are suitable or otherwise.

Hospital Information, etc.

GUY'S HOSPITAL MEDICAL SCHOOL

JUNIOR STAFF APPOINTMENTS—SESSION 1948–49.

Junior Assistant (Research) to the Director of the Department of Surgery (1)
First Assistant to the Director of the Department of Diagnostic Radiology (1)
Assistant to the Director of the Department of Anæsthetics (part-time) (1)
Assistant to the Director of the Student Health Service (1)
Surgical Registrar (2)
Orthopædic Registrar (1)
Obstetric and Gynæcological Registrar (2)
Medical Registrar (2)
Registrar in the Department of Psychological Medicine (1)
Chief Clinical Assistant and Registrar (part-time) :—
- Ophthalmological Department (4)
- Ear, Nose and Throat Department (1)
- Department of Diagnostic Radiology (1)
- Department of Psychological Medicine (2)
- Department for Nervous Diseases (1)
- Orthopædic Department (1)

Department of Clinical Pathology :—
- Assistant to the Director (part-time) (1)
- Assistant Clinical Pathologist (3)

Department of Morbid Anatomy and Histology :—
- Lecturer (Griffiths) (1)
- Assistant Lecturer (Gull Student) (1)
- Demonstrator (1)

Physiology Department :—
- Demonstrators (2)

Physics Department :—
- Assistant Lecturer (whole-time) (1)
- Assistant Lecturer (part-time) (1)

Anatomy Department :—
- Assistant Lecturer (1)
- Demonstrators (2)

Biology Department :—
- Assistant Lecturer (1)
- Demonstrator (1)

Adrian Stokes Fellowship in Bacteriology or Pathology (1)
Arthur Durham Travelling Fellowship (1)
Beaney Studentship in Materia Medica (1)
Lambrinudi Memorial Scholarship in Orthopædics (1)
Poulton Fellowship (1)

Appointments to date as from 1st October, 1948. Forms of application and copies of Regulations and Standing Orders obtainable from the Medical School Office. Applications should be lodged with the Dean, Guy's Hospital Medical School, not later than 9th June, 1948.

URGENT

Required.—Copies of Wilks & Bettany's "History of Guy's Hospital." Offers should be sent to The Manager, Guy's Hospital Gazette, London, S.E.1.

NOTICES

GUY'S HOSPITAL, S.E.1.—ANÆSTHETIST.

Applications are invited for the appointment of Anæsthetist to Guy's Hospital. The Anæsthetist appointed would be required to attend on 4 sessions per week. Copies of Standing Orders for the appointment can be obtained from the Superintendent, to whom letters of application (20 copies), together with the names of 3 referees, should be submitted not later than 24th May, 1948, and from whom any further information desired can be obtained.

GUY'S HOSPITAL, S.E.1.

Applications are invited for the appointment of *Assistant Physician* to the *Pædiatric Department* of Guy's Hospital.

Applicants should hold the M.R.C.P. Copies of Standing Orders for the appointment can be obtained from the Superintendent to whom letters of application (3 copies), together with the names of 3 referees, should be submitted by 24th May, 1948, and from whom any further information desired can be obtained.

THE INNOMINATE CLUB.

The Annual Dinner will be held on Friday, 4th June, at the Trocadero Restaurant. Those wishing to attend, please apply to the Secretary, as under.

At the last dinner of the Society it was suggested that a clinical meeting at Guy's, preceding the next dinner, might be welcome.

As it is not known how many members may care to visit the hospital on this date, the provisional arrangements are to welcome very cordially all members of the Society to the routine work of the hospital on that afternoon.

The programme is as follows :—

1 p.m. Clinical Lecture (Dr. Douthwaite).
2 p.m. Operations in Theatres.
2.15 p.m. Combined Round (Dr. Boland and others)
4 p.m. Tea in Staff Common Room.

When it is known how many members are likely to attend, a special demonstration may be arranged after tea. There will be a routine pathological demonstration.

Will members kindly notify the Secretary as soon as possible, so that adequate arrangements can be made for their reception.

GEORGE T. HANKEY,
Hon. Sec.,
89, Harley Street, London, W.1.

PASS LIST

CONJOINT BOARD.
FINAL EXAMINATION.
April, 1948.

Pathology.

L. C. Bellsham-Revell	J. Rankin
A. A. Craigen	P. T. C. Rowan
D. H. Griffiths	P. A. Shave
S. S. Grové	R. Southwell
M. W. J. Grummitt	W. F. W. Southwood
M. Hatton	R. G. M. Stobie
J. A. Ludwig	A. J. Walter
*E. L. Magee	G. H. Warrick
A. R. Merrill	F. R. H. Wrigley

Medicine.

*A. J. De Villiers	J. Rankin
G. L. Blewett	P. Ronchetti
E. J. F. Filose	*H. R. C. Riches
J. Fine	G. J. Schiller
*J. J. Handler	*B. J. Silkoff
G. E. Haward	A. Southwell
	*G. H. Warrick

Surgery.

R. D. Allen	C. A. Higgins
K. A. Baker	A. J. Karlish
*G. D. Banyard	M. S. Kataria
S. Y. Bhagwat	*H. R. C. Riches
R. A. Bruce	*B. J. Silkoff
*P. O. G. Butler	E. H. O. Smith
J. M. Frisch	W. F. W. Southwood

Midwifery.

R. D. Allen	F. G. Ellis
L. C. Bellsham-Revell	I. E. Evans
B. C. Bisley	C. A. Higgins
F. C. Blundstone	P. J. Higgins
T. B. F. Boyle	P. G. W. A. Lommerse
J. G. Brice	D. G. May
R. M. Brown	N. A. Power
R. A. Bruce	A. E. Richardson
B. G. B. Christie	G. J. Schiller
A. R. Davis	

Have completed the examination.

UNIVERSITY OF LONDON.
DIPLOMA IN PSYCHOLOGICAL MEDICINE.
March, 1948.
Part "A."

J. P. Crawford	D. Stafford-Clark
A. J. P. Oldham	R. J. Stanley

ROYAL COLLEGE OF SURGEONS.

Election of Fellows.

At a Quarterly Meeting of the Council of the College, held on April 15th, Mr. C. Gill-Carey was admitted *ad eundem* Fellow of the College, and Dr. A. D. Marston was elected Fellow of the College.

Election to the Council.

Mr. R. C. Brock is included in the list of 14 Candidates nominated to fill 3 vacancies on the Council. The election will take place on 1st July.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Diploma in Ophthalmic Medicine and Surgery.

G. James L. A. Rook

CONJOINT BOARD.

Diploma in Child Health.

M. J. Cutler	J. K. Martin
D. M. Douglas	F. S. Mellows
J. L. Garson	B. E. R. Symonds
W. S. Hacon	

UNIVERSITY OF OXFORD.

General Pathology and Bacteriology.
March, 1948.

J. M. D. Hooper A. C. M. Mann

ROYAL COLLEGE OF PHYSICIANS OF LONDON.
April, 1948.

M.R.C.P.

R. E. Irvine	G. F. Swann
E. O. W. Jones	P. N. Swift
J. Lorber	C. J. Zerny

SOCIETY OF APOTHECARIES OF LONDON.
FINAL EXAMINATION.
April, 1948.

Surgery.—K. B. Kenyon.
Pathology, Bacteriology and Forensic Medicine.—M. Caller.
Medicine.—M. G. Kaye.
Midwifery.—A. C. Boje, K. B. Kenyon, D. Redpath.

BIRTHS

IRVINE.—On April 22nd, 1948, to Peggy (née Walter), wife of R. E. Irvine, M.R.C.P., of Lindholme, The Park, Cheltenham—a daughter (Anne Catharine).

LYON.—On April 22nd, 1948, at the Mill House, Upper Broughton, Melton Mowbray, to Eileen (née Samuel), wife of Duncan Lyon, L.D.S., R.C.S.—a brother for Lain and Valerie.

THOMPSON.—On 8th April, 1948, to Dorothea (née Fripp), wife of W. W. Thompson—a daughter (Susan Louise).

EDS. {H.A.R. R.A.K-E.

GUY'S HOSPITAL GAZETTE

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PASSIM

IT is, we find, extremely difficult to keep abreast of the times, to know all that is going on in the Hospital, and even to find space and occasion to mention what, by one means and another, we do learn. The house and family of Guy's is enormous, and the happenings, comings and goings are ceaseless. What we can, we cram in regrettably small print and with almost offensive economy of words, into Hospital Information, and very, very rarely afford larger print and greater length in the main body of the issue. Even so, we realise that on occasion, some distant Guy's man will hear by other means of the coming of some friend, and wonder why no mention of it was made in his *Gazette*, or some other reader will be aware of the going of another, unheralded and unannounced. For past, for present and for future shortcomings in this respect, we apologise, but we repeat that the only way of ensuring that notice is given where you consider it should be, is to see that we know what you know, by post.

Here at Guy's we welcome two new members to Honorary Staff, Dr. Ralph Kauntze, M.B.E., M.D., M.R.C.P., as Assistant Physician, and Mr. T. L. T. Lewis, F.R.C.S., as Assistant Obstetric Surgeon.

Dr. Kauntze, of Cambridge University and St. George's Hospital, came to us last year as Assistant to the Director of the Department of Medicine. We already feel we know him quite well, and we expect he is getting to know our ways, and we hope, understand them—even those of the Residents at play.

Mr. Lewis can hardly require introduction to anyone. He is yet another of those visitors from the Union that instruct, delight and advance us with their rugby ability and enthusiasm, and we are glad to know that by getting on to the staff, he has pledged to convert what might have been a visit, into a permanent sojourn. To have attained in so short a time a skill with the foetal ovoid, comparable with his dexterity with the leather ovoid at Honor Oak Park, and meriting his elevation to the Honorary Staff at so young an age, is a feat of a magnitude only equalled by the warmth of our congratulations.

We are most happy in not having our pleasure in these appointments dulled by the necessity of bidding farewell elsewhere.

Recently Mr. Slesinger and Mr. McNair have gone off the Staff. But fortunately this is only a nominal resignation. They have been chosen to, and have themselves elected to, become Emeritus Surgeon and Obstetric Surgeon respectively. By this means, although their places on the staff are refilled, and their duties lessened, they will continue to have beds and clinics, and we will continue to have the benefit of their brains, ability and experience.

This scheme seems to us a most excellent one. The Hospital, patients and students alike, would have been so very much the poorer for the loss of these two opinions, so rich in long considered thought and wealth of clinical experience, should Mr. Slesinger and Mr. McNair have been allowed to pass into retirement from Guy's. While congratulating ourselves on our good sense, we would wish them an increased enjoyment in the years of lightened duty which are to come.

Hashish

A Clinical Lecture delivered on Friday, 20th February, 1948, by
Dr. A. H. DOUTHWAITE

"*A true believer sees the gardens of paradise and finds himself surrounded by troops of houris of unspeakable beauty. . . .*"—ARTHUR CUSHNY.

GENTLEMEN,—It is difficult, in the prosaic surroundings of this theatre, to do justice to a drug which has held in thrall for centuries some hundred million of mankind. It would be more fitting were the lights dimmed; the air scented with the mystic perfumes of the East; the lecturer and audience clothed in the flowing robes of the Bedouin; and the audience mixed. However, in spite of environmental difficulties I will try to give you a cursory survey of the history and therapeutics of Cannabis.

HISTORICAL.

Hemp (Cannabis sativa *var.* Indica) probably had its birthplace along the banks of the southern stretches of the Volga and the Caspian Sea. Thence it spread by natural and human agency to Persia, India, China, Central Africa, Greece, Southern France, South America and Hollywood. Long before the narcotic properties of the plant were recognised hemp was used, as it is still, for the making of rope and coarse garments. The strong fibres of the plant make it suitable for this purpose and a gruesome tribute to their tenacity is supplied in the term "hempen collar," meaning hangman's noose. The seeds are a useful source of oil, and of food for birds. In this connection the medical press reported a few years ago that a young man in this country extracted the hemp seeds from his canary's food, planted them in the garden, and in due course gathered and smoked the dried product, unwisely inducing a female friend to follow suit. His subsequent troubles and publicity must have seemed to him out of all proportion to the cost of a packet of bird-seed.

In warmer climates and high altitudes the strength of the fibres diminishes but the narcotic power of the plant increases. The narcotic resin is present in the flowering tops of the female plant. *Hashish* is the name best known for the various narcotic concoctions. In the Americas it is known as *Marihuana*—the cigarettes are called *reefers*—in India it appears as *Charas, Bhang* or *Ganja,* and in North Africa as *Kif.* In India natives, naked but for a leather apron, run violently through the ripe crop and scrape off and collect the resin which has adhered to the garment. In Nepal the method is the same except that the apron is dispensed with. The resin, or the evaporated alcoholic extract, is usually taken by mouth, the dried tops are smoked.

Although in India the drug has been enjoyed for 2,000 years it is comparatively late in history that it acquired notoriety and the name of *hashish.* It came about in this way. After Mohommed's death (697) the inevitable schism developed between his followers. One of the dissident bodies known as the Shahs evolved an Ismaelite branch which founded a Lodge in Cairo. This was visited by Hassan Ben Sabbah—a boyhood friend of Omar Khayyam, a philosopher who you may remember had sound ideas on the sources of happiness. Great honours were accorded Ben Sabbah and this led to jealousy and threats to his life. He fled to Persia and, having attracted numerous followers, captured the fortress Alamut in 1090. Here he organised a sect on a religious basis, but murder of other sects was an essential part of the programme. The arch-priest was known as Sheik-el-Jabal, in fact none other than the Old Man of the Mountains. The high priests decided who was to be murdered, the novitiates or devoted ones (Fedais) had to do the throat-slitting. In order to prepare a young man for this task he was given hashish (its nature was kept secret), and introduced into a beautiful Persian garden amply provided with those pleasures to which young men are normally addicted. Having experienced unbelievable delights he was told that he had had a pre-view of Paradise. No wonder then that he would gladly risk death in carrying out his murderous duties if this would send him forever to such delirious joys. Thousands of murders were committed by the hashish-eaters or Hashshashins (hence "assassin") before the Tartars in 1256 massacred 12,000 of them.

Leaving the Hashshashins to their well-deserved fate we pass to modern history. General Menon serving under Napoleon in Egypt issued a decree (1800) forbidding the use of hashish and ordering the destruction of all stores under heavy penalties for disobedience. He failed.

The first scientific approach to the study of the drug was made by O'Shaughnessy, serving in the I.M.S. in Calcutta in the middle of the 19th century. The first wave of public interest in and addiction to hashish in Europe followed the publication of a book on the drug by J. Moreau (1845). Paris became the seat of hashish-eaters and a hashish club was actually formed by Théophile Gautier, ably assisted by Charles Baudelaire and friends. During this century it was computed that 200 million people, chiefly adherents of Islam, habitually indulged in the drug. It must be remembered that Mohammed, although forbidding the use of alcohol to his followers, placed no ban on hemp.

A most determined effort to suppress the smuggling of the drug into Egypt from Syria, the Lebanon and Persia was made between the two World Wars. The credit of this goes in large measure to Sir Thomas Russell—better known in the East as Russell Pasha. Both the Mediterranean and Suez Canal coasts were closely patrolled and the suppresive measures met with considerable success. The smugglers, however, exercise considerable ingenuity, stealing by boat into the canal at night and throwing overboard compressed hashish, protected by cork floats, which is gathered by confederates ashore.

THE EFFECTS.

The symptoms produced by hashish are not appreciably influenced by the mode of administration. The effects come on more quickly, are less profound, and pass off more rapidly when induced by smoking than when the drug is swallowed. Hashish-eating has been the usual practice in Europe, and most of the literature derived from its devotees is based on this mode of consumption. The oriental and the Californian underworld favour smoking, and provide no literature based on personal observation ; the former out of a natural reticence and respect for the sublime ; the latter from fear of the police. The description I shall give you is a composite picture derived from published and verbal communications from hashish-eaters.

The rate of absorption of the drug varies widely with different persons. Effects are seldom experienced in less than an hour of taking and usually the interval is 3 hours ; it may be as long as 5 hours. The taking of food often precipitates the onset of hashish action.

The " hashish-signal " is difficult to describe. At one moment in his normal senses, at the next the devotee feels a sudden awareness of his separate existence in an inner life. A dark curtain may appear to descend behind his eyes, yet vision is unimpaired. There is heightened sensory perception—largely imaginary. Thus the warmth of the body can be felt streaming through the clothing ; sounds become intensified and the experimenter fears, therefore, that he is shouting and thus revealing his state to those in his vicinity. This leads him to dart furtive glances around, and it is but a step from here for him to be convinced of the presence of spies and informers lurking in the shadows. If the eyes be closed he may see caves lined with jewels of incomparable beauty, or scenery which though awe-inspiring will be tempered by colouring of a loveliness beyond imagination. Abruptly the first wave of effect passes off and reveals to his surprise that his companions have noticed nothing unusual in his behaviour, and that their conversation seems to have advanced but little since the moment of the hashish-signal. This is a point of special interest in the pharmacology of Cannabis. Sense of time is profoundly affected and always in the direction of making minutes appear to be hours. It is often stated that perception of space is likewise distorted, but this applies only to space traversed and thus arises as direct result of prolongation of time. A hashish-eater *sitting* in a room will not perceive its dimensions to be altered.

Another well authenticated peculiarity of hashish intoxication is that the experimenter is fully aware at all times that his experiences are due to the drug, that the hallucinations are unreal, and that with an effort he can recall himself to normal behaviour, thus escaping detection. This does not apply to heavy dosage when the soporific effect is predominant.

The next wave of effect follows in a few minutes and can be postponed by bright lights, conversation, and fears of detection. Conversely, it can be accelerated by withdrawal to a dimly-lit room or by abandoning himself in the company of fellow addicts. As time goes on the wave effect gives way to continuous action. There is usually a sense of well-being, but especially in unimaginative types fears of impending death, plots of murder and so forth may mar the expected pleasure of the experiment. The Frenchman, Blundel (1887), wrote : " Every hashish-eater gets the reaction he deserves."

The sense of humour is heightened. Gargantuan roars of laughter, superb and infectious, echo around the walls of the hashish-clubs. They are usually occasioned

by some object which would give rise to no merriment in the absence of intoxication. At other times they may be provoked by one hashshashin describing briefly an episode in his illusory world—*e.g.* lines of blue-nosed topers kneeling on the bank of a river of gin—but it is frozen. When laughing, and at other times, the drug-taker is conscious of details of bodily action. Thus he declares he feels and sees his ribs and intercostals in violent activity as he laughs ; he observes the hashish as a green, purple, or red mass radiating from his stomach into his belly and limbs. Mere noises to the normal person are translated into exquisite orchestral compositions.

As a wave of group-laughter subsides, silence save for the deep breathing of the hallucinated takes its place. It may be disturbed, especially in the first hour, by some impulsive action of one or more members, but the tendency is to withdraw more and more into themselves and enjoy the visual panorama. This brings me to other typical hashish effects. The visions are always changing. None can be recalled or held at will. There is a tendency for the multiple appearance of the same object. A field of tulips waving gently in the wind ; the flowers change to tiny chattering monkeys' heads. A lane appears in the centre down which trots a rhinoceros of alarming proportions. As it approaches it smiles broadly, the mouth over-widening into a hugh chasm of red sandstone which now occupies the scene, and so on. Although there may be awareness of " noises and sounds off " no vision be it human or animal ever utters a sound. Hashish-hallucinations can best be grasped by those of you who saw Walt Disney's *Fantasia*. Although visions appear with the greatest readiness when the eyes are closed, yet objects when observed may acquire strange shapes. Thus the respectable Freiherr von Bibra (1806) by manipulating a towel held in his hand " enjoyed a series of magnificent busts."

Hashish effect may be divided into three stages, the first of waves of disturbed consciousness and impulse to movement ; the second of persistent hallucination ; the third of deep sleep with occasional return to a semi-wakeful hallucinatory state. The last may not arise if the drug be taken in the company of others and if the dose be not excessive.

An account of the action of cannabis would be incomplete without reference to its alleged aphrodisiac properties. Most drugs for which such a claim is made excite desire but diminish powers of performance. In the case of hashish, desire may be greatly heightened by the illusion of increased sense of touch, visual imagery and sense of freedom from care. Such a combination alone might in fact increase sexual performance. The weight of evidence is that it does do so, though probably the confirmed addict suffers the impotence common to habitual drug-takers. The aphrodisiac quality in conjunction with the remarkable prolongation of time—the " unendurable pleasure indefinitely prolonged " of Viereck and Eldridge—leads no doubt to much of the addiction throughout the world.

The stage of coma may pass into a natural sleep, but in the absence of the third stage the effects of hashish pass off in 2–3 hours. Only the sense of time remains disturbed, and that for some 12 hours. The appetite is greatly increased as the intoxication passes off. Dry bread may be eaten with enthusiasm. There is no headache, nausea, or constipation. Slight drowsiness may be felt the next day.

ADDICTION.

Addiction to hashish is not acquired so readily by Europeans as to most of the drugs of addiction. The habit is most widespread where poverty, disease and misery are prevalent. The European nations are to some extent accountable, in that public health services for the subject-nations have always been hampered by niggardly financial backing.

Psychoneurotics form the core of all drug addicts and can be dealt with only by institutional treatment.

Finally, we have the seekers after vice and new experiences at all costs. The number is comparatively few and unimportant. The peculiar attraction to Marihuana by Californian jazz-band players is, according to Professor Harvey, due to the prolongation of time allowing them to perform more beats of " hot rhythm " to the bar. The confirmed addict loses all sense of civic responsibility, becomes dirty in his habits, and drifts into criminal associations.

THERAPEUTICS.

In the past cannabis has been used for headache, insomnia, and depression. It was dropped from the B.P. in the 1932 edition. It is governed by the D.D.A. It is now used to produce euphoria, notably in the anxious type affected by duodenal ulcer. It is given if phenobarbitone fails. It is prescribed only for those undergoing treatment in bed. It is used for not longer than three weeks. Recently the closely related synthetic tetrahydrocannabinol *Synhexyl* has been used as a euphoriant in depressive mental states. There seems to be little, if any, difference between the action of synhexyl and cannabis. Hashish, however, has the disadvantage of being liable to great variation in potency in its preparations, and to unpredictable loss of activity after periods of a few months to several years.

Though of limited value in medicine, I hope that you will not feel your time has been wasted in listening to this account of a drug which shares the distinction with wine of being the oldest known intoxicant. A plant which gave pleasure to Helen of Troy, caused the massacre of thousands, clothed and hanged countless citizens, nourishes canaries and which obtains for misguided Man the delights of the Arabian Nights, Omar Khayyam and Walt Disney, is at least worthy of your attention.

Tobacco

By EL HAKIM PASHA.

"*Smoking is a practice which we do not recommend, and cannot admire; but as to ulceration of the stomach having been caused by smoking cigars in the manner stated, it is all fudge. It might as well be said that water-drinking was the cause of dropsy.*"

THAT sounds very modern, but as a matter of fact it comes from "Answers to Correspondents" in the *Lancet* of October 13th, 1838, when nothing was known of the symptoms of duodenal ulcer, nor of the differential diagnosis between it and gastric ulcer.

In those days the "gasper" was unknown, at any rate in this country, and pipes, which were then of the clay variety, were chiefly used by the working classes, except for the lordly, contemplative "Churchwarden." The tobacco in general use was almost exactly like the modern shag. I know, because I have actually smoked some of it, taken from a forgotten hoard that must have dated from about 1800, and was discovered about 1908. It was quite smokeable, but very acrid, which possibly may have had something to do with the origin of the long-stemmed "Churchwarden."

The Cigar was the form of tobacco preferred by the educated or well-to-do; and the clinging aroma left in rooms the "morning after" was clearly responsible for "the smoking room," where the mere male could smoke to his heart's content, provided always that he kept the smell of tobacco out of his hair by using a "smoking-cap" and out of his clothes by wearing a "smoking-jacket." Female olfactory nerves were hypersensitive in those days to tobacco, if not to the more autogenous effluvia which must have been very noticeable before the days of bathrooms and waterborne drainage.

All the same, I am inclined to agree with the famous Thomas Wakley, Surgeon, who edited the *Lancet* in those days. Having had an almost unique experience of duodenal ulcers, and of what I called "the duodenal diathesis" more than thirty years ago, I am inclined to think that excessive cigarette-smoking which is so often associated with the duodenal diathesis, is rather an indication of the underlying nervous factor which is always present in these cases, than the actual *cause* of duodenal ulcer. Irregular feeding and missed mealtimes are conducive to a smoke to stave off hunger, and nobody is more likely to miss his meals than the highly-strung, conscientious worker—doctors, clergymen, engineers, responsible foremen and the like.

It is interesting, however, that a hundred and ten years ago a bright mind should have considered the possibility, even though his "gastric ulcer" may have been a duodenal, for all we know.

A Compendium for Single-Handed Emergencies

NOTES ON AN UNWRITTEN BOOK.

By SINBAD.

PERHAPS I am not now productive enough to be a spiv, but after three months idleness I must qualify as a drone, yet there is much to be said for standing and staring. Idleness has been commended by the best minds, the busy-bee and the busy-body can both be confounded nuisances. Every man is, or hopes to be, the great Lexicographer said, an idler, for during idleness one can think and drift in a leisurely way where otherwise one would have to hurry on. While drifting, I have been thinking about this book, which has never been written, at least, if it has been written I have never seen it, and will be grateful to anyone who can tell me about it. I can see this book. It would be bound in American cloth, or something strong, from which one could wipe away stains of ink, tobacco, whiskey, beer, or merely dirty fingers, for it would be a book that would often be used. Publishers seldom bind their books as if they expected them to be used. Elegant bindings show that they foresee life spent on shelves rather than on desks.

It is a truism that Medicine is becoming so large a subject that no one can cover more than a segment of it, and for this reason all of us are more or less ignorant of parts of it, but it is one of our misfortunes as doctors, that we may always be faced with situations in which we are expected to do something just because we are doctors. This becomes especially evident in war, but also occasionally in peace, for although the time in which we live is one of easy travel, it is also one in which it is easily possible to be isolated. Before this century doctors often worked alone, but then they could take a fatalistic attitude, for if one practised medicine at all it was a necessary defence. Now, one may be faced with single-handed emergencies when one's training has been for a different sort of medicine. It was only when I went to a small ship that I realised how extensively these emergencies occurred, and how little thought had been given to them. The leaders of our Profession naturally think in terms of many doctors working together; For years they have worked in this way. Those who work alone usually see so few emergencies that their experience hardly seems worth recording, and perhaps the results of treatment have not been such that they wish to publish them. Then again, the list of emergencies in medicine and surgery is longer than one expects, and some of them receive little attention even in textbooks; acute mental illness is an example of this. No one is warned before leaving hospital that probably the most difficult job that falls to a doctor is to deal with a violent lunatic away from the amenities of readily available mental hospitals. Indeed, it would probably receive no mention in a discussion of medical and surgical emergencies, yet in my experience it occurs about as frequently as the acute abdomen.

This book of my fancy would cover all sorts of emergencies which might face single-handed doctors who might have a trained assistant, but yet be forced to work in unfavourable circumstances with limited equipment. Clearly some help must be given in this matter of equipment. Diagnosis will have to be dealt with but the main emphasis must be on treatment. I used to ponder over Hamilton Bailey's beautifully produced Emergency Surgery. It is a classic in much demand everywhere, but being no surgeon I could gain little from it. The pre-requisite of emergency surgery seems to be a well equipped operating theatre, and a skilled anæsthetist. We were in different worlds.

The compendium of emergency medicine and surgery would begin by enumerating conditions which require heroic abstention from drastic measures. Unless one has experienced it oneself, it is very difficult to understand just how much the layman prefers his doctor to do something, however drastic, rather than watch and wait. The doctor who operates and kills his patient will probably receive more credit than the doctor who doesn't operate and saves his life. Operation, in the mind of many, is a sign of determination and skill—the letting of blood used to be a sovereign remedy.

Then this dream book would deal with the simple methods which might help. Perhaps of all the clinical hints I have been given, that on Trotter's method of treating nosebleed, told me by Mr. Layton, has been the most valuable. I have never heard of it elsewhere. Probably it is well-known, yet once, by bending a Midshipman over

pillow and putting a cork in his mouth I was able to stop in twenty minutes a nose-bleed which had been going on for two days, and defied yards of adrenalin gauze. The result was most gratifying to everyone.

The compendium would be full of such hints, culled from the wisest and cunningest surgeons and physicians. For instance, it would always state clearly what is the worst that can happen when no operation is done in a surgical condition, what usually happens, and what happens if the least amount of operative procedure is undertaken. I suppose that acute appendicitis is the most frequent nightmare of the single-handed doctor, and the operation that he most often has to do. One wants to know what is the worst that can happen, how many men will die if treated conservatively, how many men die when operated upon unskilfully in bad conditions. Somewhere those figures could be found. From this a method of treatment could be produced with suggestions suitable for the ability of the operator. Anæsthesia is of great importance. Few textbooks on it fail to stress that anæsthetists and operators should be different people, but when this cannot be, what do they suggest? In my experience, not very much. A man who seldom gives anæsthetics is about the last person one would choose to begin giving them for emergency operations, yet he may well have to do so, and to operate as well. Our surgeon writing in the compendium would understand that he must try to encourage the faint-hearted but equally hold back the foolhardy, for more people probably die from rash surgery than from procrastination now that we have so many other aids. Where operation is advised, the compendium would supply exact details, and special notes on the possible disasters and how to avoid them. The correct placing of lighting would be touched upon. Since it would be read mostly by those in urgent need, a friendly style would help, and it is as necessary to mention things which need not be worried about as those that must.

Nursing would take up plenty of space. It is surprising how one takes good sisters and nurses for granted until one has been alone for a bit with someone who has not had the opportunity of their long training. It is then that you realise how much difference they make. Diets and foods would also find a place, and much else besides.

At the end of the book when the various specialists had distilled their advice and wisdom, they would give the minimum amount of equipment with which their particular emergencies could be met. This would prove of much help to the doctor who works alone, both in order to get it himself, and to encourage his seniors to give it to him.

Naturally there would be the usual tables of dosages, physiological norms, etc., and others of how to know when drugs have deteriorated and how to improvise. Perhaps some doctor who was a P.O.W. in Japan or Germany should do this section, but I must leave it to the writers, if ever there are any, to sift through the details, and to present another generation of lone doctors with this Omnium Gatherum of medical and surgical emergency treatment. I am certain that the necessary work would not be unrewarded, either financially or in the gratitude of those who would consult it in those awkward moments when knowledge and experience have both been out-flanked by disaster, and there is no one to help.

Obituary

MURRAY STRATHIE,

1919–1948.

THE death of Murray Strathie at the early age of 29 has saddened the hearts of all who knew him, and has taken from us one of the most promising young surgeons of his period.

At Rugby, where he was educated, Murray soon showed his outstanding ability both at work and games, being head of his house and in the Rugby XV for three years, captaining it in his last year. From Rugby he went to Oxford as a scholar of Trinity College, and he was awarded his Rugger Blue in 1939.

Coming to Guy's in 1940, he quickly established himself as one of the best students of his year, being bracketed equal first for the Treasurer's Prize and Gold Medal in Surgery, and qualifying B.M., B.Ch. (Oxon.) in December, 1942. At the same time he was one of the mainstays of the Rugby XV of which he was hon. sec. in 1941–1942 and Captain in 1942–1943. As a house officer, Murray Strathie was an outstanding success. Nothing could exceed the care and kindness he showed to his patients, and he quickly developed a sense of judgment and of tissue craft which led those of us with

whom he worked to trust him and rely on him in increasing measure. Joining the R.N.V.R. in 1944 he served both at home and in S. Africa, and on returning to Guy's was appointed Demonstrator of Anatomy. Although ill-health was already beginning to trouble him, he passed the Primary F.R.C.S. in 1947 and was working for the final when he was taken severely ill, and for some time his life hung in the balance. Having been away to recuperate he came back and delighted us all with his apparent health and his usual keenness and enthusiasm, only to be stricken with severe jaundice, from which he died on April 18th, 1948, in Job Ward, where he had worked and where everyone loved him. His engaging smile, his honesty, loyalty, enthusiasm and eagerness to learn, endeared Murray to all with whom he worked, and his modesty—his only fault—and a passing one at that, merely served to emphasise the charm of his personality.

We shall miss him at Guy's, both for what he was, and for what he would have become.

He worked hard, and he played hard. He was a good influence on others, he was trusted, and he was loved.

His widow and his parents, to whom our deepest sympathy goes out, must feel their sorrow tempered with pride that he achieved so much though his years were so few.

E.G.S.

House Appointments

MAY 1st to JULY 31st, 1948

ASSISTANT HOUSE SURGEONS.

To Mr. Brock	C. J. Earl
„ Sir H. Ogilvie and Mr. Blackburn	K. F. Anderson
„ Mr. Atkins and Mr. Slesinger	A. W. R. Williamson
„ Mr. Massie and Mr. Wass	R. A. Miller

OUT-PATIENT OFFICERS.

D. C. Turk (R)
J. H. Inskip (R)
B. W. Cole (R)
I. Kelsey Fry (R)

HOUSE SURGEONS.

To Sir H. Ogilvie and Mr. Blackburn	A. G. Parks (R)
„ Mr. Atkins and Mr. Slesinger	B. V. McEvedy (R)
„ Mr. Massie and Mr. Wass	P. G. Large*
„ Mr. Eckhoff	P. R. Montgomery*

HOUSE PHYSICIANS.

To Sir J. Conybeare and Dr. Hardwick	N. B. Finter (R) J. L. Moffatt (R)
„ Dr. Douthwaite and Dr. Mann	I. S. Eve* (R) F. R. M. Young* (R)
„ Dr. Boland and Dr. Baker	R. D. C. Hart (R) M. G. Thorne*
„ Dr. Hampson and Dr. Kauntze	E. A. Wright* (R) J. K. Morgan* (R)

RESIDENT OBSTETRICIANS.

1.5.48—31.7.48	I. MacDonald*
1.6.48—31.8.48	H. F. Hills* (R)
1.7.48—30.9.48	Vacant

CHILDREN'S HOUSE PHYSICIANS.

D. Q. Trounce* (R)
P. S. Clarke*

NEUROLOGICAL HOUSE PHYSICIAN.

G. F. Vaughan (R)

RESIDENT PATHOLOGISTS.

D. R. C. Willcox* (R)
J. H. Baylis (R)

THROAT AND EAR HOUSE SURGEON.

K. Simpson

FRACTURE HOUSE SURGEON.

G. D. Channell*

DERMATOLOGICAL HOUSE PHYSICIAN.

J. P. M. Benstead*

OPHTHALMIC HOUSE SURGEON.

G. James* (R)

* Ex-Service Medical Officer.
(R) Re-appointment.

Reviews

Introduction to Physiology. By W. H. NEWTON. Arnold & Co. *Price 7s. 6d.*

THIS little book is an heroic attempt to reach both the general reader and the professional student, to reduce to simple language and example without sacrificing scientific accuracy. Although this objective may not be fully gained the result never lacks interest and Physiology is presented in a working picture which is remarkable for accuracy and detail. This is a book well worth reading by any interested beginner.

W.R.S.

A Pocket Gynæcology. By S. G. CLAYTON. Churchill. *Price 7s. 6d.*

THIS excellent little book is intended for refreshment and revision, and not as a short textbook. The economy of space is produced by verbal rather than factual contracture, and the natural tendency to over simplify has been well resisted. For the candidate who must take his examination some months after finishing his gynæcological appointment, it should prove most useful, and to the G.P., a great standby.

H.A.R.

Guy's Diary

MAY—JUNE

ACADEMIC

May.

24th. Surgical Exhibition in The Gordon Museum. "Hæmaturia."
1.00. Clinical Lecture. Mr. Gibberd.
3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.
5.00. Lecture on Pædiatrics for Post-graduate and Senior Students. Diplock.

25th. 12.00. Surgical Dept. Further Demonstration in the Series of Operative Procedures. Th. III.

26th. 2.30. Post-graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th. Surgical Block.

27th. 12.00. Dental Clinical Lecture. Mr. Doubleday. "Clinical Cases seen in Egypt." Dental Th.
1.00. Clinical Lecture. Mr. Wass. "Experiences at Guy's with Carcinoma of the Rectum."
4.30. X-ray Meeting. Gordon Museum.

28th. 1.00. Clinical Lecture. Dr. Kauntze. "Dropsy."

31st. 12.00. Dental Clinical Lecture. Mr. Bulleid. "The Review of Pyorrhœa." Dental Th.
3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.

June.

1st. Surgical Exhibition in the Surgical Dept. "Osteitis."
12.00. Neurological Demonstration. Dr. McArdle.
1.00. Clinical Lecture. Mr. Slesinger.

2nd. 2.30. Post-graduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th. Surgical Block.

3rd. 4.30. X-ray Meeting. Gordon Museum.

4th. 1.00. Clinical Lecture. Dr. Douthwaite. "Male Impotence."
2.15. Medical Dept. Combined Round.
4.30. Illustrated Hæmatology Lecture for Senior Students. Dr. Waterfield. Path. Lecture Th.

5th. 10.00. Surgical Departmental Round. Mr A. L. D'Abreu, of Queen Elizabeth Hospital, Birmingham. Clinical Th.

7th. 1.00. Clinical Lecture. Dr. McConnell.
3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.

RECREATIONAL

May.

26th. 3.00. Guy's Hospital Ladies' Association. General Meeting. Medical School.

29th. 2.30. Cricket XI *v.* Hampstead (H.O.P.).

30th. 2.30. Cricket XI *v.* Kenley (H.O.P.).

June.

2nd. Golf Match *v.* University College.

5th. 11.30. Cricket XI *v.* Woolwich Garrison (Away).

6th. 2.30. Cricket XI *v.* Finchley (Away).

The Guy's Hospital Nurses' League

The 48th Annual Meeting of the Guy's Hospital Nurses' League was held in the physiology theatre, by kind permission of Professor Spurrell, at 3.0 p.m., on May 10th. Approximately 500 members attended.

Before the meeting a service was held in the Chapel at which the Chaplain presided, assisted by the Provost of Southwark Cathedral. The Bishop of Croydon, whom we knew as Provost of Southwark, preached the sermon. It was a real pleasure to see our old friend in the Chapel again. It was filled to capacity and all will have memories of a very beautiful service.

At the meeting Mrs. Bulleid as Chairman of the Nurses' League, welcomed the members on behalf of Lady Cuncliffe, the President, who is in America. It was a disappointment to all that she was not present. Mrs. Bulleid introduced the guest Chairman, Miss M. Sparkes, Matron, Royal Maternity Hospital, Belfast.

Apologies and good wishes were received from a number of absent friends, including Sister Hilda Gration, who is convalescing at Orpington from a long illness.

Before presenting the annual report, Matron said how pleased she was to see so many Guy's nurses back at their old home. The cottage at Honor Oak Park is extremely costly to the League, over £700 per annum. It is used now very little. The Council of the League is to review the position a few months hence.

The balance sheet which was posted in the Nurses' Home was taken as read. Miss Sparkes then presented the prizes for the exhibition in the Nurses' Home.

NEEDLEWORK EXHIBITION.

Plain needlework.	*Fancy work.*	*Knitting.*
Miss Dixon	Miss Bath	Miss Carpenter
Miss Townsend	Miss M. C. Jones	Miss M. Lister
Miss Bath	Miss Tommis	Miss A. P. Andrews
		Miss Monks

Dressmaking and millinery	*Arts and Crafts*	*Make do and mend*
Miss B. Dixon	Miss E. G. Stone	Miss Poyser
Miss K. Page	Miss Phillips	Miss M. Robertson
Miss M. Robertson	Miss W. King	Miss Bath

PHOTOGRAPHIC EXHIBITION.

Miss A. Lewin
Miss D. M. Smith
Miss E. M. Lloyd
Miss M. E. Chick

PAINTINGS AND SKETCHES.

Miss M. S. Griffiths
Miss W. Hall
Miss E. M. Yates
Miss D. W. Swindells

POSTERS.

Miss M. S. Griffiths

Miss Sparkes gave a most interesting account of her visit to the hospitals of Denmark. They are so clean and modern. An interesting comparison was drawn between the hospitals of this country, some centuries old with like traditions and those in Denmark which are replaced every few years. Miss Sparkes spoke warmly of Danish hospitality, and made us all envious of her experience.

Professor Johnston proposed a vote of thanks to Miss Sparkes for the able way in which she had conducted the meeting and for her extremely interesting address. He then gave the meeting the sad news that this was the last time he would address the League in an official capacity. Professor Johnston said that of all his work as Superintendent at Guy's he had enjoyed most his dealings with the Nursing Staff. He paid special tribute to Miss MacManus and Miss Smith, and to the high sense of duty of the Ward Sisters. This brought forth a most appreciative reply from Matron, which voiced the feeling of the whole of the nursing staff. Matron spoke of Professor Johnston's endless interest and patience in dealing with the many problems which arose and of the help he had given to her since her return to Guy's.

Miss Opie proposed and Miss Titley seconded a vote of thanks to Matron, Hon. Sec., to the other officers of the League and to Miss Zygouras, Secretary of the League, for all the work they had done during the past year. Miss Opie warmly endorsed all that Matron had said as a tribute to Professor Johnston.

At the conclusion of the meeting, a very good tea was served in the Nurses' Home. The flowers were lovely and indeed everything was of the high standard that we have come to expect of the Nurses' Home staff. If the chatter, laughter and reluctance to go are indicative of a good reunion, this was certainly a record.

F.T.

Correspondence

Shipcott

SIR,—May I again seek the hospitality of your columns to say that Shipcott has actually finished at the College.

He has already been given a cheque representing the subscriptions so far received. I propose to leave the subscription list open for another two months at the end of which time I hope to publish the names of subscribers in the *Gazette*, and a list of these names will be given to Shipcott with a cheque for the full amount.

Yours, etc.,

CHARLES BAKER.

Warden's House,
Guy's Hospital.

The Complaint of an ex-Editor

SIR,—First reading of Passim of 24th April suggested the platitudes of a prosperous school governor at speech day on a hot summer's afternoon. Thinking this impression fanciful, I read it again. It now seemed more like the diocesan letter of a well-bred bishop who had spent some years as an army chaplain. And this not because it whimsically described Cockneys and Cornishmen holding " no end of communion " in a slit trench.

In more than one *Gazette* in recent months, the editions have thought fit to sound a clarion call to their readers to work harder, ever harder. No government poster has done more on less than these gratuitous exhortations; and has never done it so smugly. I had not conceived it the duty of an editor to boast before his public of unremitting self-flagellation nor, as though to emphasise the nature of what he has foregone, to specify the overwhelming temptation of the Guards' Club on the Berkeley.

Just this obsession with medicine makes many doctors dull when away from their work. The more intelligent laity know this, but because we are so self-righteously busy we are fortunately spared the opportunity of becoming aware of their opinions.

The real harm, Sir, is that you should seek to influence the present generation of students to follow the path you are never tired of telling us you have trodden.

Puritanical humility is a high virtue; when affected it is as distasteful as it is unconcealed.

I am, Sir,

Yours, etc.,

RAYMOND HINDE.

Oxford.

Sport

CRICKET

CRICKET RESULTS

GUY'S *v.* EALING DEAN.

May 1st, 1948.

Result—Match drawn.

Guy's—154 for 5 wickets declared. (H. C. F. Meyer 75).

Ealing Dean—136 for 6 wickets. (J. F. Woodford 3 for 19).

GUY'S *v.* STREATHAM.

May 2nd, 1948.

Result—Won by 52 runs.

Guy's—157 for 8 wickets. (J. D. Williams 50; J. F. Woodford 45).

Streatham—105 for 10 wickets. (H. M. C. O'Driscoll 7 for 21).

*GUY'S *v.* WANDERERS.

May 5th, 1948.

Result—Match drawn.

Wanderers—227 for 5.

Guy's—210 for 9. (J. D. Williams 71; D. Blake 61).

GUY'S *v.* STOICS.

May 12th, 1948.

Result—Lost by 8 wickets.

Guy's—126 for 10.

Stoics—128 for 2.

GUY'S *v.* WADHAM COLLEGE, OXFORD.

May 8th, 1948.

Result—Won by 8 wickets.

Our first visit to Wadham College provided us with a delightful day's cricket, although our opponents, without their only blue who was in the Parks playing against Yorkshire, did not extend our batting strength. The College, having won the toss, elected to bat, but almost immediately Smith and O'Driscoll each claimed a wicket. After this initial setback, however, Wadham rallied, and the two batsmen came together who were to provide two-thirds of their total. Between them they raised the score from 3 for 2 to 72 for 3, but with their departure, the innings was virtually at an end, only 26 runs being added by those remaining. In two fine spells, O'Driscoll took 6 wickets for 29 runs, hitting the stumps on each occasion.

In the short time before tea our opening pair, Blake and Billingham, set a lively pace, and 63 were on the board before the latter was run out. After tea the remaining 36 runs were obtained rapidly, Blake having contributed 62 of our first 97 runs in a fine knock.

Team—R. G. Nicholson (Capt.), G. P. Billingham, E. W. Graham, H. M. C. O'Driscoll, A. M. Platt, J. F. Woodford, M. C. Gilbert, D. Blake, T. Smith, H. C. F. Meyer, J. C. Kendall.

GUY'S *v.* ASHTEAD.

May 9th, 1948.

Result—Won by 6 wickets.

There are few more delightful grounds than that at Ashtead on a fine May afternoon, and it was on such an afternoon that the Hospital gained a 6 wickets victory, and P. Russell a personal triumph, achieved but once in a bowler's career. Our opponents won the toss, and deciding to bat soon lost their first wicket. However, Henty, their next batsman, proceeded to keep the fielders fit as with a formidable array of strokes, he demonstrated that loose balls should be smitten and good length ones turned into half-volleys. At 72, with four wickets to fall, he appeared certain to make a century; Russell, however, having failed to get his wicket, proceeded effectively to stop him scoring by other means. With four successive balls he shattered the wickets of the four remaining batsmen, with Henty standing, helpless, at the bowler's end—a remarkable feat of bowling, and a singularly effective method of stopping a man scoring without taking his wicket.

Our first three wickets fell for few runs, but Nicholson and Graham coming together took us to within 9 of our opponents' total before Graham was bowled for 38. We passed their score without further loss, Nicholson carrying his bat for 39.

Team—R. G. Nicholson, E. W. Graham, H. M C. O'Driscoll, P. Russell, M. C. Gilbert, G. W. Scott, H. Dyer, D. Blake, T. Smith, H. R. Prentice, R. Hodson.

GUY'S HOSPITAL CRICKET CLUB

1st XI FIXTURES.

May	1	Ealing Dene	Home	2.30
,,	2	Streatham	,,	2.30
,,	5	Wanderers	,,	11.30
,,	8	Wadham College	Away	12.00
,,	9	Ashtead	,,	2.00
,,	12	Stoics	Home	2.30
,,	16	Caterham Strollers	,,	2.30
,,	17	Crofton Park (1st & 2nd XI)		
,,	19	Guy's *v.* St. Mary's (Cup)		
,,	22	Private Banks	Away	2.30
,,	23	Greenwich	Home	2.30
,,	29	Hampstead	,,	2.30
,,	30	Kenley	,,	2.30
June	5	Woolwich Garrison	Away	11.30
,,	6	Finchley	,,	2.30
,,	12	Bognor Regis	Home	2.30
,,	19	Metropolitan Police	,,	2.30
,,	20	Horlicks	,,	2.30
,,	26	Hornsey	Away	2.30
,,	27	Bognor Regis	,,	11.30
July	3	Ealing Dene	,,	2.30
,,	4	Beddington	,,	2.30
,,	10	Three Counties	,,	11.30
,,	11			
,,	17	Private Banks	Home	2.30
,,	18	Buccaneers	,,	2.30
,,	24	Finchley	,,	2.30
,,	25			
,,	31	Horlicks	Away	11.30
Aug.	3	Merstham	,,	11.30
,,	7	Tour		
,,	7			
,,	21	Free		
,,	28	Metropolitan Police	Away	2.30
Sept.	4			
,,	11			

We apologise to our readers for the delay in publication of this fixture list.

CRICKET

HOSPITALS' CUP.

Middlesex
London
U.C.H.
Guy's — St. Mary's
K.C.H. — St. George's
Westminster — Charing Cross
St. Thomas'
Bart's

Times, dates and places will be published when known.

GOLF

STAFF & STUDENTS *v.* ST. MARY'S STAFF & STUDENTS

The match won by St. Mary's, 6½—1½, was played level; the Hospital did not put up a bad show considering the difference in handicaps.

Moor Park was in very good condition and provided an excellent test of golf.

Result :—

GUY'S.		
Mr. Eckhoff (12) and D. F. Cottier (6)	..	0
Mr. Doherty (16) and J. K. Anderson (8)	..	0
Mr. Mansie (14) and J. Wilson (9)	..	0
Mr. Bachelor (16) and J. Harrington (12)	..	0
Mr. Cross (14) and W. Vans Agnew (12)	..	½
Mr. Blaikley (18) and J. Crowlsmith (16)	..	0
Mr. Loader (18) and D. M. Griffiths (10)	..	0
Mr. Hooper (16) and R. D. F Teal (18) (1 up)		1
Guy's	..	1½

ST. MARY'S.		
Stirk (2) and May (4) (2 and 1)	.. ..	1
Bromley (4) and Fox Linton (9) (6 and 5)	..	1
Richards (8) and Gibson (12) (3 and 1)	..	1
Robin (11) and Smith (13) (7 and 6)	..	1
Juler (14) and Wall (15)	.. .. ..	½
Miller (18) and Hunt (15) (3 and 2)	.. ..	1
Lewis (16) and Venniker (14) (7 and 5)	..	1
Earle (21) and Wells (21)	.. ..	0
Mary's	..	6½

MOUNTAINEERING

Reports of tragic accidents upon the mountains and in mountainous country appear in the Press with unhappy regularity, and draw attention to the need for adequate training in mountaincraft. In an attempt to meet this increasing need, a small group of enthusiasts who believe that our hills and mountains offer to young people a unique and valuable experience and a stimulus to initiative and responsibility, has formed an Association with the object of establishing specially equipped mountaineering training schools in suitable districts of Great Britain.

It is intended that these schools shall provide training in route-finding, mountain walking and rock-climbing for the beginner who inclines to these pursuits but whose lack of experience may preclude him from membership of already established clubs.

While the Association is particularly concerned to see that the facilities it aims to provide shall be available to young people of all classes, membership is open to all. The Association is non-profit making, has the support, among others, of Lord Pakenham, the Hon. Quintin Hogg, M.P., the Rt. Hon. Sir Norman Birkett, K.C., and hopes to secure the co-operation of industrial, welfare and youth organisations.

Those interested are cordially invited to communicate with J. E. B. Wright, Esq., Chairman, The Mountainering Association, 1, Kildare Gardens, W.2.

'BLUES COMMITTEE

The following awards have been approved by the Clubs' Union Council :—

Rugby Football.—Full-blues : B. M. Gray, D. H. le Clus, P. D. V. Harrett, B. W. Cole, J. F. le Clus. Half-blues : D. F. Cottier, F. W. Retief, A. N. du Plessis, N. Malyon, P. J. Rademan, G. P. Billingham, A. A. Bailey, C. P. Mills, K. Simpson.

Rifle Club.—Half-blue : C. P. B. Brook.

Ice Hockey.—Full-blues : P. Ronchetti, B. M. Gray. Half-blues : J. Annen, K. Watts, H. A. Ohlrick, W. M. Sheeran-Griffiths, P. H. Tucker, H. W. Powell.

Golf.—Full-blues : J. M. Grant, D. F. Cottier, N. Price, K. F. Anderson.
Half-blue : J. L. Harrington.

Boxing.—Full-blues : W. M. Sheeran, N. H. Porter, F. G. Ellis, H. N. St. John, D. Harris, C. J. Bayley.

Squash.—Full-blues : D. R. Saunders, C. J. G. Menzies, D. Pugh, A. W. R. Williamson, G. Evans.

Hockey.—Full-blues : G. H. Danford, R. A. Keable-Elliott, E. A. Murray, S. S. Earle, D. Blake, C. H. Opie.

Soccer.—Full-blues : A. H. Whittaker, P. A. Swift, N. I. Lewis, D. E. Sturdy, D. G. Matthews, S. Westgate, P. S. Holloway, R. Skaith, C. J. Bayley.

Hare and Hounds.—Half-blue : R. Goulding.

JOHN D. WILLIAMS,
Hon. Sec. Blues Committee.

Hospital Information, etc.

NOTICES

GUY'S HOSPITAL MEDICAL SCHOOL

JUNIOR STAFF APPOINTMENTS—SESSION 1948–49.

Junior Assistant (Research) to the Director of the Department of Surgery (1)
First Assistant to the Director of the Department of Diagnostic Radiology (1)
Assistant to the Director of the Department of Anæsthetics (part-time) (1)
Assistant to the Director of the Student Health Service (1)
Surgical Registrar (2)
Orthopædic Registrar (1)
Obstetric and Gynæcological Registrar (2)
Medical Registrar (2)
Registrar in the Department of Psychological Medicine (1)
Chief Clinical Assistant and Registrar (part-time) :—
- Ophthalmological Department (4)
- Ear, Nose and Throat Department (1)
- Department of Diagnostic Radiology (1)
- Department of Psychological Medicine (2)
- Department for Nervous Diseases (1)
- Orthopædic Department (1)

Department of Clinical Pathology :—
- Assistant to the Director (part-time) (1)
- Assistant Clinical Pathologist (3)

Department of Morbid Anatomy and Histology :—
- Lecturer (Griffiths) (1)
- Assistant Lecturer (Gull Student) (1)
- Demonstrator (1)

Physiology Department :—
- Demonstrators (2)

Physics Department :—
- Assistant Lecturer (whole-time) (1)
- Assistant Lecturer (part-time) (1)

Anatomy Department :—
- Assistant Lecturer (1)
- Demonstrators (2)

Biology Department :—
- Assistant Lecturer (1)
- Demonstrator (1)

Adrian Stokes Fellowship in Bacteriology or Pathology (1)
Arthur Durham Travelling Fellowship (1)
Beaney Studentship in Materia Medica (1)
Lambrinudi Memorial Scholarship in Orthopædics (1)
Poulton Fellowship (1)

Appointments to date as from 1st October, 1948. Forms of application and copies of Regulations and Standing Orders obtainable from the Medical School Office. Applications should be lodged with the Dean, Guy's Hospital Medical School, not later than 9th June, 1948.

GUY'S HOSPITAL, S.E.1.

Applications are invited for the appointment of *Assistant Physician* in the *Pædiatric Department* of Guy's Hospital.

Applicants should hold the M.R.C.P. Copies of Standing Orders for the appointment can be obtained from the Superintendent to whom letters of application (3 copies), together with the names of 3 referees, should be submitted by 24th May, 1948, and from whom any further information desired can be obtained.

Applications are invited for the appointment of Anæsthetist to Guy's Hospital. The Anæsthetist appointed would be required to attend on 4 sessions per week. Copies of Standing Orders for the appointment can be obtained from the Superintendent, to whom letters of application (29 copies), together with the names of 3 referees, should be submitted not later than 24th May, 1948, and from whom any further information desired can be obtained.

JUNIOR STAFF APPOINTMENTS, 1948–49.

Applications are invited for the following Junior Staff Appointments; duties to commence on October 1st, 1948 :—

Radium Registrar (part-time) (1)
Chief Clinical Assistant and Registrar, Radiotherapy Department (part-time) (1)
Assistant Director (Female) of the V.D. Department (1)
Medical Officers (Male) to the V.D. Department (2)
Medical Officers (Female) to the V.D. Department (2)
Chief Clinical Assistant and Registrar to the Endocrine Department (part-time) (1)
Dental Officer to The Salomon's Centre (1)
Dental Anæsthetist to The Salomon's Centre (1)
Orthodontic Assistants (3)

Applications should be lodged with the Superintendent on or before Wednesday, June 9th, 1948.

APPOINTMENTS

Leslie Housden, O.B.E., M.D., has been appointed Adviser in Parentcraft to the Ministry of Health.

The following appointments have been made at Guy's :—

Miss L. Titley .. *First Asst. Matron.*
Miss E. Griffin .. *Second Asst. Matron.*
Miss G. Sinclair-Brown *Third Asst. Matron.*

CHANGE OF ADDRESS

J. G. Hancock, B.D.S., L.D.S., 8, Lower Sloane Street, S.W.1. (Tel.: Sloane 2500.)
H. S. Malcolm Crabb, B.D.S., Middle Flat, 45, Wickham Avenue, Bexhill-on-Sea, Sussex.
R. D. Plowman, L.D.S., R.C.S., 7, Harcourt House, 19a, Cavendish Square, W.1. (Tel.: Langham 1017 and Langham 1828 (private).
Rendell-Baker, Leslie, M.R.C.S., L.R.C.P., 118, Rhyd-y-Penau Road, Cardiff. (Tel.: Llanishen 716.)
M. D. Warren, M.B., B.S., 23, Hillcroft Crescent, Ealing, W.4.

PAPERS BY GUY'S MEN

Broster, L. R., and Another. An Unusual Case of Adrenal Carcinoma. *Brit. Med. J.*, 1948, i, 781.
Chapman, Harold. Cases for Etiological and Diagnostic Interest. *Dent. Rec.*, 1948, **68**, 65.
Coffin, Stephen. On Anæsthetising Children for Dentistry. *Brit. Dent. J.*, 1948, **48**, 162.
Mollison, W. M. The Causes of Headache in Diseases of the Ear, Nose and Throat. *Clin. J.*, 1948, **77**, 81.
Eckhoff, N. L. Pulmonary Embolism. *Clin. J.*, 1948, **77**, 89.
Harding, H. E. Fibrosis in the Lungs of a Silver Finisher. *Brit. J. Indust. Med.*, 1948, **5**, 70.
——. Toxicology of Zircon. *Ibid.* 75.
Whitwell, G. P. B., and Another. Studies in Occupational Morbidity (2). *Brit. J. Indust. Med.*, 1948, **5**, 77.
——. Boils and Infected Hands : An Epidemiological Investigation. *Ibid.* 88.

BIRTHS

AUDY.—On April 3rd, 1948, at Bungsar Hospital, Kuala Lumpur, Malaya, to Kay, wife of J. R. Audy, M.B., B.S.—a daughter (Helen Madeleine).
HART.—On May 7th, 1948, in Guy's Hospital, to Penelope (née Ellis), wife of R. D. C. Hart—a son.

MARRIAGE

KILBY—DEAN.—On May 15th, 1948, at Bedford, John Kilby, M.B., B.S., to Ursula Dean.

EDS. {H.A.R. R.A.K-E.

The only denture fixative containing an oxygen-releasing element

The formula for Per-De-Co Denture Fixative has recently been revised to include a new ingredient known as " Oxzynase ". This is an oxygen-releasing element which inhibits unhealthy bacterial growth without in any way harming healthy tissue.

When brought into contact with moisture, this oxygen content is — in normal conditions — released very gradually but, when there is any soreness which might give rise to infection, the oxygen is released as quickly as may be required to help preserve the bacterial balance, minimising the risk of infection without aggravating the soreness.

Per-De-Co is of particular value in giving confidence to patients who have not had experience of dentures before, and who are, consequently, nervous lest the plate should slip.

A sample will be sent to you on request so that you can examine the product for yourself.

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EFFICIENTLY & WITH SAFETY

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By first removing greasy film with a lipoid solvent, Macleans Tooth paste cleans and polishes the teeth with better effect. It does not injure or scratch the enamel . . . The solid polishing ingredients are ultimately soluble in saliva, leaving no residue in the tissues . . . The alkalinity of Macleans Toothpaste helps to prevent erosion by neutralising any acid plaques collecting between the teeth . . . Macleans Toothpaste is mildly antiseptic, but not injurious to the natural oral flora which destroy pathogenic bacteria. The flavour of Macleans is appealing and refreshing to the palate.

Macleans Limited, Professional Department, Great West Road, Brentford, Middlesex

GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

PUBLISHED FORTNIGHTLY

Vol. LXII. *No.* 1562 5*th June* 1948 *Ninepence*

PASSIM

AGAINST the many advantages of a medical education must be set one grave defect, the fact that it only caters for the successful. To the student who qualifies, the wide fields of medicine are opened out, and graphic descriptions are given of the endless opportunities and experiences that are open to him. All are catered for. The idealists have a limitless horizon; the ambitious are presented with innumerable opportunities; those with a mission in life have only themselves to blame if their mission remains unfulfilled. But what of the failures? What of the few who never qualify? To use the current vernacular, "they've had it." After five or more years of remorseless toiling through endless exams, with highly unsatisfactory results, they at last admit defeat, and find themselves thrown out into the world with no credentials for any sort of job. If they trained at London University they have not even a B.A. to their name. Their lot is indeed an unhappy one, and with the Embankment as a grim alternative, many of them seek refuge in the agony column, where they insert their pitiful advertisements.

"Ex-public school man (this opening is conventional, if not strictly accurate), with considerable experience of his fellow men (never women), finds himself without employment. Will do anything, go anywhere. No capital can be provided."

The outcome of these laconic announcements is a mystery, as is the fate of the advertisers themselves. One day a benign philanthropist may found a society for their protection.

To say there is no future at all for ex-medical students is to exaggerate, for a few, a very few, may earn a living in the domain of literature. Nevertheless the majority of authors and poets who have received a medical education, have at some time or another acquired a medical degree, although they may not have been successful practising doctors. Keats and Somerset Maughan are two obvious examples. A sound working knowledge of medicine, however, by no means precludes a man from being an outstanding author, and we like to think that lurking somewhere, perhaps sheltering behind a nom-de-plume there may be an ex-editor of this journal who is already aspiring to high literary levels. Alas, he has yet to be found, but should we come across him we will immediately employ him to write an article, "To Those Leaving During the Clinical Period." His advice would only be sought by a very small minority, but it would be a deeply appreciative minority to whom but scant attention is generally paid. Until then, however, we have little to offer save the consolation that "it is better to have tried and failed, then never to have tried at all."

THE exchange consultant scheme between this hospital and the Johns Hopkins' is already well established, and it is with pleasure that we report that Dr. William Rienhoff will be arriving on September 4th for a stay of one month at this hospital. Dr. Campbell, recently loaned to the Americans, has also returned to Guy's. To us he is doubly welcome, both as a Physician and as Chairman of the Gazette Committee.

WE are glad to see back in the Hospital Mr. P. V. Reading, who was stolen from us for service in the Forces so soon after his appointment as Surgeon to the E.N.T. Depart-

ment in 1946. We trust it will be a long time before His Majesty requires his services again.

WE would apologise for an error in nomenclature in Passim of the last issue. We described Mr. Slesinger and Mr. McNair as having become Emeritus Surgeon and Emeritus Obstetric Surgeon respectively. In truth they have become Consulting Surgeon and Consulting Obstetric Surgeon respectively, in view of the continuing part which they will play in the clinical life of the Hospital, to which we drew attention.

THE Guy's Employees' Association, after a lapse during the war years, has been restarted, but their activities are limited by lack of equipment. This is especially so in the cricket section, and any gifts of bats, balls, pads, etc., would be gratefully appreciated. They should be sent to The Secretary, Guy's Employees' Association, c/o *The Gazette Office.*

COPIES of the etching by Hanslip Fletcher which appears in this issue may be obtained from the *Gazette Office*, price 1s. 6d. each (including postage).

It is with deep regret that we announce the death of
GEORGE EDENS McFALL
in this Hospital on 24th May, 1948.

Guy's Diary

JUNE

ACADEMIC

7th. Exhibition in Gordon Museum. "Pathology and Treatment of Carcinoma of the Bronchus."
Exhibition in Department of Surgery. "Osteitis."
12.0. Dental Clinical Lecture. Mr. Kelsey Fry.
1.00. Clinical Lecture. Dr. McConnell.
3.30. Demonstration in Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.

8th. 12.0. Surgical Dept. Further Demonstration in the Series of Operative Procedures. Th. IV.

9th. 2.30. Postgraduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th. (Surgical Block).

10th. 1.00. Clinical Lecture. Mr. Grant Massie. "Abdominal Injuries (continued).
4.30. X-ray Meeting. Gordon Museum.

11th. 2.15. Medical Dept. Clinico-pathological Conference. Path. Lecture Th.

14th. 3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.

15th. 12.0. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.
1.00. Clinical Lecture. Mr. Atkins. "Gall Stones and their Consequences."

16th. 2.30. Postgraduate Revision Class in Anæsthesia. Dr. Marston. Clinical Th. (Surgical Block).

17th. 12.0. Dental Clinical Lecture. Mr. Kenshole. "Foreign Bodies and Infectivity."
4.30. X-ray Meeting. Gordon Museum.

18th. 4.30. Hæmatology Lecture (illustrated) for Senior Students. Dr. Waterfield. Path. Lecture Th.

SPORT

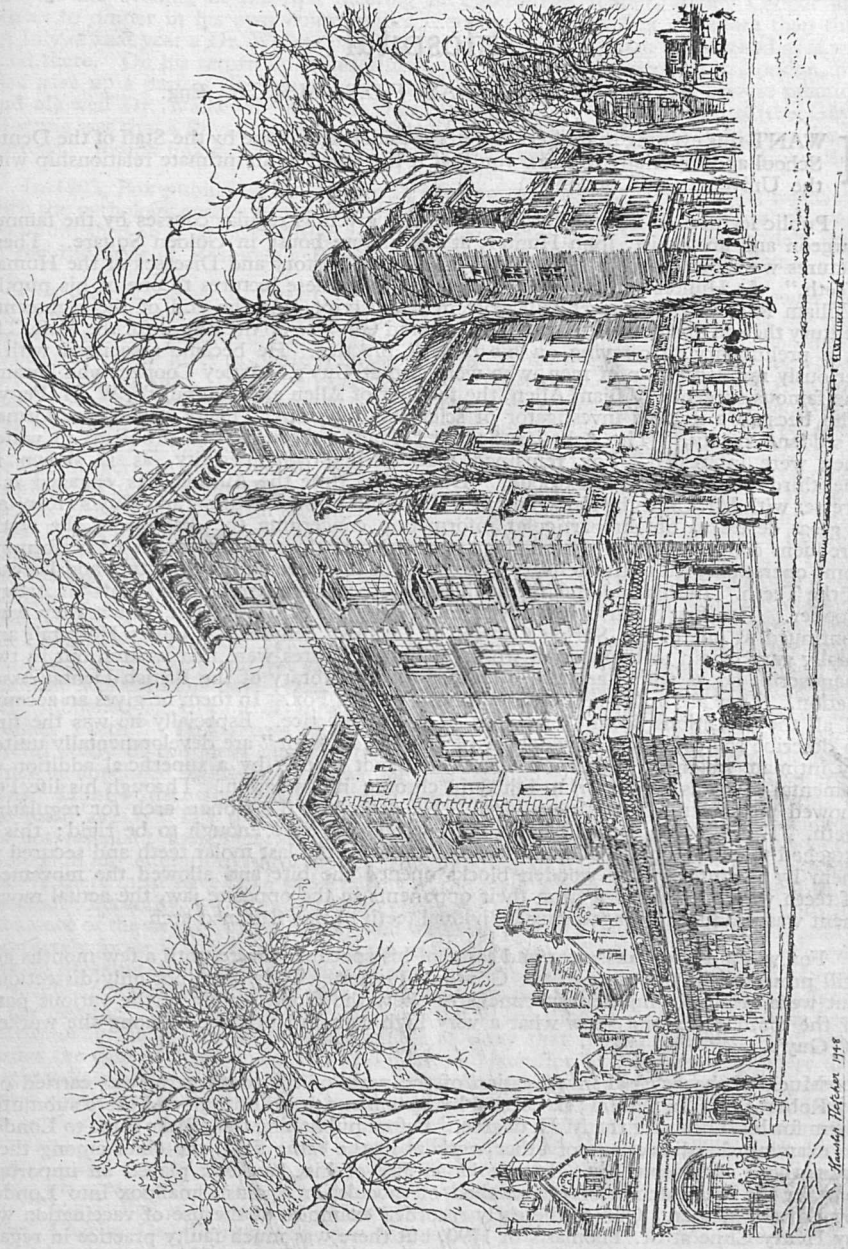
8th. Tennis Club *v.* Royal Naval College (Away).

9th. Golf Club *v.* St. Thomas's Hospital.

12th. 2.30. Cricket XI. *v.* Bognor Regis (H.O.P.).
Tennis Club *v.* London School of Economics (H.O.P.).

16th. 11.0. Cricket XI. (Cup replay) *v.* St. Mary's Hospital (Teddington).
Golf Club Summer Meeting.

19th. 2.30. Cricket XI. *v.* Metropolitan Police (H.O.P.).
Tennis Club *v.* Paddington (H.O.P.).


Stanley Fletcher 1948

The History of the Dental School of Guy's Hospital

By F. N. DOUBLEDAY, F.D.S., M.R.C.S., Eng.

I WANT this evening to interest you in the wider work done by the Staff of the Dental School and especially to show you that it has stood in an intimate relationship with the University of London.

Public lectures in Dental Surgery were first given as regular courses by the famous surgeon and anatomist, John Hunter, at his private house in Golden Square. These lectures were published in 1771 as "The Natural History and Diseases of the Human Teeth." As Hunter became older he handed over these lectures to one of his pupils, William Rae, whose lectures still exist in manuscript. At the end of the eighteenth century the son of a dentist, Joseph Fox, entered Guy's to do the course for the M.R.C.S. as a preliminary to carrying on his father's practice. He became associated with a seriously minded group of men, who were also at Guy's. Astley Cooper, who became the famous surgeon, William Allen, the founder of Allen and Hanbury's, W. H. Pepys, who became a notable investigator of scientific questions. These and others formed a student society, "The Askesian Society," for the discussion of problems in which they were interested. Fox remained true to his own specialty, as is shown in the third edition of his textbook, "During the time the Author was engaged as a dresser with Mr. Cline, he found amongst the pupils of St. Thomas's and Guy's Hospitals a great desire to obtain particular information concerning the diseases of the teeth. Frequent conversation on these subjects, and descriptions of the modes of performing some operations, led to the delivery of a course of Lectures on the Structure and Disease of the Teeth. In this undertaking much assistance was rendered by Mr. (now Sir Astley) Cooper. The first Course was given in the Spring of 1799, after which they were continued as one of the Spring Courses of Lectures delivered at Guy's Hospital, and finally gave origin to the present work." These lectures were first written out in two manuscript books which are still preserved in the Library of the British Dental Association. They are in the neat handwriting of Joseph Fox. In them he gives an account of all the conditions usually met with in dental practice. Especially he was the first to describe the condition in which two "geminated teeth" are developmentally united by intimate union of the dental tissues, and not merely by a superficial addition of cemental tissue as a reaction to injury in chronic inflammation. Through his life Fox showed particular interest in children. He described the ribbon arch for regulating teeth. This he constructed from a flat bar of gold, thick enough to be rigid; this is attached to a small block of wood inserted between the last molar teeth and secured to them by ligatures. The wooden blocks opened the bite and allowed the movement of teeth without resistance from their opponents in the opposite jaw, the actual movement was produced by ligaturing individual teeth to this flattened arch.

Fox was a diligent dissector and some of his specimens were until a few months ago still preserved in the cases of the Gordon Museum. They were not only dissections, but were originally injected specimens to show the blood supply of the various parts of the tooth germ, and show what a very high standard prevailed among the workers at Guy's.

Much of the original investigation of the parts of the tooth germ was carried out by Robert Blake, in Dublin; he carried his specimens to Edinburgh and there submitted them for his Thesis for the M.D. degree. Before publishing this, Blake came to London to examine the dissections of other workers in the same field, the chief among these were those of Joseph Fox. In the larger life of his day, Fox played an important part in the introduction of the method of inoculation against smallpox into London by Edward Jenner. One of the early recorded examples of the use of vaccination was by Henry Cline at St. Thomas's in 1790, but there was much faulty practice in regard to the method of its use and much consequent prejudice against its introduction. From the beginning of his association with Guy's, Fox was an active member of the Physical Society and soon became a member of its Committee. The Society discussed Jenners' methods on many occasions and finally invited Jenner to take part in a full discussion

of his methods, extending over four evenings, which had an important influence upon the introduction of Jenner's methods into regular practice in London. Fox was a member of the deputation from the Physical Society which invited Jenner to attend, and on the evening of the first meeting he entertained Jenner, Astley Cooper and others to dinner in his own house before the meeting. But Fox did more than this. In July of that year a Dr. Walker had been to Paris to report upon the method as it was used there. On his return he found difficulty in practicing vaccination in London, but Fox gave up a part of the house in which he lived and carried on his private practice, and allowed Dr. Walker to inoculate poor people there. The outcome of the Guy's Meeting was that a Royal Jennerian Society was formed with the King and Queen for its Patrons. Joseph Fox was its first Secretary and a Member of its first Medical Council.

In 1803, Fox published his lectures in book form, a second part, dealing especially with the pathology and treatment of dental disease appearing in 1806. The whole work was published in a second edition in 1814 and a third in 1833. It was widely used in the Libraries of Hospitals and Infirmaries throughout the United Kingdom.

Fox died at the age of forty in 1817, and was succeeded by Thomas Bell, who was the son of a doctor who practiced in Poole. At that time this harbour was the base for a fleet of ships engaged in the whaling industry, and these surroundings influenced him to become a great lover of Natural History. Born in 1792, Thomas Bell entered Guy's as a student in 1813. Here he came under the spell of Fox's lectures. In 1815, the year in which John Keats entered Guy's, Bell obtained his M.R.C.S. and soon after was appointed to lecture at the Hospital upon Comparative Anatomy. On the death of Fox in 1817 he was appointed as Surgeon Dentist to the Hospital and Lecturer on Dental Surgery in the Medical School. These lectures he published in a textbook entitled "The Anatomy, Physiology and Diseases of the Teeth" in 1829. In 1828 he was elected a Fellow of the Royal Society and was its Honorary Secretary from 1848–1853. In 1836 he was elected to the Professorship of Zoology at King's College, London. This post he held for many years while continuing his lectureships at Guy's and his practice as a dentist. The University of London had been embodied by Royal Charter in 1832, but a Royal Charter had already been granted to King's College in 1828. This is the first direct connection of the Dental Staff of Guy's Hospital with the University of London. Here we see a man with a medical background, becoming interested in dentistry and yet entering into the full life of the University and of the scientific world of his day. How did these things react upon each other? In 1837 Bell published an edition of John Hunter's "Natural History and Diseases of the Human Teeth." This shows that he had based his professional knowledge upon a careful study of the great master who had preceded him. But in the copious notes which he appended he brought his own medical training to bear up on Hunter's observations. Hunter discussing whether there was a vascular circulation in the dentine of the teeth says: "The following considerations would seem to show that the teeth are not vascular; first, I never saw them injected in any preparation, nor could I ever succeed in any attempt to inject them, either in young or in old subjects; and therefore believe there must have been some fallacy in the cases where they have been said to be injected. Secondly, we are not able to trace any vessels going from the pulp into the substance of the newly formed tooth; and whatever part of a tooth is formed, it is always completely formed, which is not the case with other bones." Upon this, Bell observes that on breaking up a tooth immediately after an extraction, on account of the symptoms of severe inflammation, that he has found distinct red patches in the very substance of the dentine. He says that although no artificial injection of the teeth has ever been satisfactorily made that it would be unfair to deny that it is impossible. Bell then quotes the case of a young woman who died of "jaundice" where her teeth were of a bright yellow colour. He also states that he had frequently examined the teeth of persons whose death had been occasioned by hanging or by drowning and had invariably found the dentine to be coloured with a dull deep red. He noted that in such cases the enamel remained unstained. This shows how Bell applied his wider knowledge to dental studies. But general scientists also turned to him. In 1845, Sir Richard Owen published his great work upon "The Comparative Anatomy of the Teeth." He dedicated it to Thomas Bell in recognition of his work upon the Pathology of the Human Teeth. When Charles Darwin returned from his voyage in the *Beagle* in 1840, he was disappointed at the lack of interest in his specimens but a little later one of his letters says: "I became acquainted with Mr. Bell, who to my surprise expressed a good deal of interest about my crustacea and reptiles and seemed willing to work at them." The outcome of this was a textbook by Bell on "British Stalk-eyed Crustacea," published in

1853. Thomas Henry Huxley also refers to Bell upon several occasions. When the famous communications of Charles Darwin and Alfred Russell Wallace relating to the "Origin of Species" was first read before the Linnean Society in 1858, Bell was the Chairman of that meeting.

One of the interesting results of the work of this period is the account of the development and calcification of the teeth and jaws. As already stated, Fox made great progress with this work and demonstrated its principal stages; this was carried still further by Bell. Our modern textbooks quote Carl Rose as the authority for the histological appearances which are seen. Neither Fox nor Bell had any adequate microscope or microscopic technique with which to work, but if the following descriptions from Bell are compared with those of recent times it will be seen how careful and accurate was the direct observation of dissected specimens made by these early workers at Guy's. "About two months after conception, if the jaws be examined with care, an extremely soft jelly-like substance is found lying along the edge of each maxillary arch. At the third month this has assumed rather a firmer consistence, and is contained within a shallow groove of bone, which constitutes the first step towards the formation of the external and internal plates. At this period the pulpy substance becomes partially divided into distinct portions, and corresponding filaments of bone are seen shooting across from one side to the other of the bony groove, to form the future transverse divisions of the alveoli. These pulps are the rudiments or bases upon which the teeth are formed. At this time they lie upon the vessels and nerves which run along the bottom of the groove; they are very soft gelatinous, and semi-transparent; and each is partially enclosed in a membrane or sac. At the fourth month, if the sac be opened, a small point of ossification is found to have been deposited upon certain of the pulps, and this is the commencement of the formation of the bony substance of the tooth. The ossific matter is secreted, not from the pulp itself, but from an extremely thin vascular membrane, which covers its surface, and is closely attached to it by vessels." Or, again, consider this account of the actual process of calcification: "The bone is first deposited on the points of the teeth, and assumes by degrees the appearance of a thin shell covering the pulp and its proper membrane, which retire, as it were, as the bone continues to be deposited. It is obvious, therefore, that the bony shell is interposed between the pulp with its membrane, and the investing sac. As the pulp is originally of nearly the same form as that which the crown of the tooth is destined to assume, ossification commences on as many points as the future tooth will have eminences on its surface: thus the incisores and cuspidati commence with one point and the molares with several. When the shell of bone has proceeded so far as nearly to cover the original form of the pulp, the alveolar processes having become more developed, and consequently the alveoli deepened, and more perfectly separated by the growth of the transverse plates, the pulp elongates at its base to form the root; in those teeth which have only one, a conical shell of bone is formed around the pulp, which continues to increase in length in proportion as the ossification advances; whilst in those which have several roots, a division of the pulp takes place at this part to a corresponding number of processes. When therefore the external lamina has advanced to the part where this division occurs, a process of bone is sent across from one side of the shell to the other, between the divided processes of pulp, and ossification is then continued around each of them respectively. It will be seen by the foregoing account of this curious process, that the outer lamina of bone is first completed, and that lamina after lamina is deposited, one within the other, the pulp still receding, until at length there remains only the permanent cavity of the tooth (pulp), lined with its proper membrane, and filled with the remaining portion of the pulp, which now serves as the bed upon which the vessels and nerves ramify previously to their entering the bony substance of the tooth." In modern times microscopic research and the advance of bio-chemistry has shown much of the process of calcification, but the above description of the naked eye details deserves the highest praise for the accuracy with which the details were observed.

S. J. A. Salter, M.B., F.R.S., was the first member of the dental staff at Guy's to obtain a University Degree. His mother was the sister of Thomas Bell and his father a surgeon at Poole. Salter was a medical student at King's College Hospital; he obtained his M.R.C.S. in 1847 and his M.B.Lond. in 1849. At King's he was House Surgeon to Sir W. Ferguson and also held an appointment as H.P. there. His original intention was to practice general surgery but he eventually decided to devote his life to Dental Surgery, and he was elected to the Staff at Guy's; in The Guy's Hospital Reports for 1859, he is reported as giving the lectures in Dental Surgery during the summer session. From the beginning to the end of his life, Salter was a great pathologist; from 1852–1876 he

published a steady succession of papers on this subject. Salter's early work on dental pathology was concerned with the reaction to injury of the dental pulp in response to caries. John Hunter had shown that calcification took place on the surface of the dental pulp when teeth were worn down by attrition. John Tomes had been a medical student at King's about ten years before Salter. He then became a member of the Staff of the Middlesex Hospital and in 1848 published the lectures which he delivered there. In these he described the formation of secondary dentine in response to the advance of dental caries, but he did not describe the process in any detail. Salter, in a series of masterly papers, published between 1853–1855, showed by means of ground sections of teeth that the reaction to injury took place at the inner ends of those dentinal tubes which corresponded to the surface lesion; he showed that this was true and occurred in the same way, whether the initial lesion was dental caries, or erosion or attrition. Salter also described a specimen in which internal absorption of the dentine had occurred and the space had been filled in by a calcification resembling osteo-dentine. He also published a series of papers from 1855–1876, describing Odontomes. Among the Odontological specimens at the Royal College of Surgeons is one, originally mounted by John Hunter (No. H. 106). It is a lower molar tooth, having its posterior root expanded into what would now be termed a "dilated odontome." When Christopher Heath was writing his book upon "The Injuries and Disease of the Jaw," he obtained permission from the College for Salter to make a section of this specimen and he demonstrated the microscopic structure which was present.

Enamel Nodules had been figured, but not described, by John Hunter. In 1869, Salter published a paper in Guy's Hospital Reports, describing four specimens, which are now in the Museum of the Royal College of Surgeons. Slater's description shows that he had actually dissected such specimens. He says: "The nodule is like a little white pearl stuck to the side of a tooth fang. When the tooth is freshly extracted the enamel pulp is stretched over it and can be opened and folded back, just as can be done to the crown of a young tooth before it pierces the gum. It seems that, in the formation of this tumour, a little pocket of the enamel sac of the crown had to be shut off, as it were, from the main sac of the crown." He was the first to describe its microscopic structure, with the covering of enamel and the central core of dentine. He also described the connecting ridge of enamel running down to the enamel nodule. After Salter came Henry Moon, who published some good papers, and then a dynamic personality, Newland Pedley, who did not rest until with the help of that very great man, Cooper Perry, who was then Dean, a special Dental School was established at Guy's.

Artificial Kidney at Guy's

By H. WINDSCHAUER.

I WONDER whether a century ago Richard Bright ever thought an "artificial kidney" would make its appearance at Guy's Hospital. I doubt it, but it was unfortunate that the inventor of the new "kidney" had to return to Sweden without seeing Bright's kidney in the Gordon Museum.

Dr. Nils Alwall, of the University of Lund, together with his charming Swedish wife, and his assistant, spent their Easter at Guy's treating a patient who suffered from ureamia due to polycystic disease of the kidney. As ward-clerk to the case I had the pleasure of meeting him, and I submit the following short report in the belief that it may be of interest.

Dr. Alwall's artificial kidney is an apparatus furnished with a tight fitting lid, which dialyses the blood of a heparinized patient. In this instance the patient's radial artery and median cubital vein were exposed and canulæ were passed into them. This procedure was performed the day before the apparatus was connected to the patient in order to prevent excess bleeding during the operation. When the apparatus was connected, blood passed by means of the arterial pressure from the radial artery, through a flat cellophane tube wound round a wire cylinder, and kept in place by wire netting, to the median cubital vein of the same arm. The "kidney" consisted of two cylinders which fitted into each other, so that the blood passed first through the inner one and then through the outer one. These cylinders were immersed in an isotonic saline silution, which contained all the important constituents of plasma, and was kept at 36°C. Carbon dioxide and oxygen were bubbled into the saline solution, which was kept in unin-

terrupted motion by a motor-driven propeller. Thus it was possible to make use of the maximum capacity of the cellophane tube, which held 600 c.c. of blood, and had a dialysing area of 6,500 sq. cms. All dialysable substances which were at higher concentration within the blood, passed through the semipermeable membrane into the surrounding Ringer Locke solution. The saline solution was changed at regular intervals.

Case Report, "*Mr. B.,*" *Aged* 51.

The patient was admitted to the wards on the 25th March, 1948. He looked pale and felt miserable. During recent weeks he had complained of increasing sickness and of vomiting several times daily. In addition, he had frequent hiccups and he passed water during the night time. He had anginal pains.

On examination, there was no œdema of the ankles. His tongue was moist and slightly brown. B.P. 170/110, Pulse 74, regular. Heart Sounds normal. Fundi showed slight silver wiring of vessels. Both kidneys were palpable, enlarged and irregular in outline. There were occasional muscular twitchings.

Investigations. Blood Urea 280 mgm.%
Blood Uric Acid 8 mgm.%
R.B.C. 3,600,000
W.B.C. 8,600
Hb% 50
N.P.N. 306

Urine. Sp. Gr. 1014
Reaction neutral
Albumin + + +
No blood or red cells.

On the 26th, the radial artery and median cubital vein of the left arm were exposed, and a temporary dressing was applied. The following day two pints of blood were transfused immediately before dialysis was started. The same day at 6.0 p.m. dialysis was started and continued for 16 hours, during which time the patient was heparinised, with a total of 40,000 units of Heparin given intra-arterially at hourly intervals. After the treatment, the radial artery was tied off completely. It was originally intended to prolong the dialysis but this could not be carried out because the patient developed a rigor.

Investigations before dialysis.
Blood Urea 400 mgm.%
Plasma Protein 9.1 gm.%
Plasma Chloride 379 mgm.%
Plasma Bicarbonate 27 vol.%CO2
Blood Pressure 170/110

Investigations during dialysis.
Blood Urea 210 mgm.%
Plasma Protein 9.7 gm.%
Plasma Chlorides 487 mgm.%
Blood Pressure 150/85

Investigations after dialysis.
Blood Urea 170 mgm.%
Plasma Protein 6.4 gm.%
Plasma Chloride 641 mgm.%
Plasma Bicarbonate 36 vol.%CO2
Blood Pressure 170/110

Following this procedure the patient felt much better and his sickness and vomiting disappeared. His anginal pain had gone, and he was satisfied with the results of his treatment. He was encouraged to drink at least 6 pints of fluid a day.

On the 29th, his nose bled during the night and he vomited twice. His temperature was 101°F. and he was put on penicillin. The temperature began to fall within a day. His daily protein intake was limited to 75 gms.

On the 30th the patient developed a pericardial rub, which could be felt and heard.

On the 31st, the patient did not look very well and appeared drowsy.

On the 1st April, some improvement took place and the patient told me that he felt very well, his only symptoms being occasional vomiting and weakness. He was discharged by ambulance on the 8th April.

When I saw the patient on the 22nd April, he told me that his appetite was good and that he had not been vomiting for a fortnight. His urine output was about 1 pint daily. He complained of pressure in the left side of his chest, of weakness, and of swollen legs. On examination, œdema of both legs were present. I saw the patient again on the 27th, one month after dialysis, and he still looked pale, but following treatment by his doctor his œdema had slightly decreased.

Conclusions.

	Blood Urea.
Just before dialysis	400 mgm.%
During dialysis	210 ,,
After dialysis	170 ,,
1 day later	210 ,,
3 days later	198 ,,
7 days later	293 ,,

The object of this treatment was to compensate kidney function by dialysing off toxic substances within the blood stream.

In this particular case the removal of a certain amount of the toxic products from the blood improved his condition symptomatically, for vomiting and hiccups disappeared, as did the anginal pains. As part of a doctor's duty is to alleviate the symptoms of the patient, the treatment was justifiable, and the results proved satisfactory.

I am indebted to Dr. Douthwaite for permission to print details of this case.

L. T. Ride, C.B.E.

IT is perhaps not the lot of the everyday man to perform great things in various spheres of activity. Few can have had a more chequered career so coloured with success than Lindsay Tasman Ride, known to many of his contemporaries as "Ginger," and even more affectionately by those who have served under him as the "Doc."

An Australian, Col. Ride joined the Anzacs as an infantryman in World War I and served in France and Gallipoli, being wounded twice. Returning to Australia after the war to continue his medical studies he was appointed a Rhodes Scholar and went to New College, Oxford, and later came to Guy's. He qualified in 1927 with the M.R.C.S., L.R.C.P. and stayed on at Guy's as Demonstrator in Physiology and Pharmacology. In 1928 he was appointed Professor of Physiology at the University of Hongkong, a post he has held ever since, except for a break of six years during World War II. He was also Dean of the Medical Faculty for over 8 years.

While at the University of Hongkong, Col. Ride carried out an intensive programme of research work in nutrition, genetics and comparative racial physiology. The latter work was carried out not only locally but also in Yunnan and British North Borneo. This won for him his Doctorate of Medicine at Oxford, and it also attracted the attention of two large American organisations, the Rockefeller Foundation of New York and the Ella Sachs Plotz Foundation of Chicago. During his leave in 1933–34 he was invited by the former to carry out a survey in North America and Northern Europe

on the relation of the study of human genetics to clinical medicine, while the latter foundation financed some of his researches into the nutritional problems of cholera. This led to further nutritional research on a wider scale and proved to be of great value to various charitable organisations engaged in relief work among the poor and needy in Hongkong. Col. Ride was also associated with Professor Gordon King in the latter's work on the relation of Vitamin B_1 deficiency in the Toxæmias of Pregnancy.

A keen Territorial, he was for some years in command of the Field Ambulance Section of the Hongkong Volunteer Defence Corps. His enthusiasm built up a unit which later did excellent work during the Japanese hostilities. In the middle of 1941 he was appointed to the command of the entire Field Ambulance, including Regular units, in Hongkong, which command he held throughout the battle of that colony.

After the capitulation of Hongkong to the Japanese in December, 1941, Col. Ride was interned in the notorious Shamshuipo Camp, where he tried to set up a medical administration to take care of the prisoners. When is became apparent that the Japanese had no intention at all of making medical supplies available to meet the urgent needs of the Camp, he decided to make his escape. In mid-January, 1942, with a small party he made the first of the few escapes from the Camp. After many days of difficult progress and narrow scrapes they managed, with the aid of Chinese guerillas, to run the gauntlet of the Japanese and make their way into Free China across the mainland from Hongkong. During these hectic days, Col. Ride's pack, containing valuable documents and reports, was captured by an enemy column. He was awarded the O.B.E. for his escape.

It was during the long and often tedious trip to Chungking, the capital of wartime China, that there evolved in his mind the scheme for the aid and escape of prisoners-of-war in Hongkong. Owing to lack of personnel and facilities, it was found to be impossible to put his full scheme into operation at the time, but nevertheless he was ordered to return to the South China area to organise, with what facilities were then available, the relief of our P.O.W's. It was from this modest beginning that there grew the unique organisation called the British Army Aid Group (B.A.A.G.), which Col. Ride commanded.

The tasks that fell to the B.A.A.G. and to its Commanding Officer, were manifold and varied and it is only possible here to relate a few of them. Soon after he had established his organisation, he sent a call into Hongkong for all members of the armed forces not interned, to join him. Parties were organised and many made the hazardous trip into Free China. Meanwhile, agents were sent into Japanese occupied territory to set up contacts with the P.O.W. camps in Hongkong, which was the beginning of the comprehensive intelligence system that was destined to cover a large part of South China and to operate throughout the war with such advantage to the Allied cause. Drugs were smuggled into the camps whenever possible and a close watch was maintained on conditions prevailing among P.O.W's. and civilian internees. Escapes were planned and carried out.

Intelligence obtained by the B.A.A.G. in Hongkong and the surrounding area, of the movements of Japanese ships, troops and supplies formed an operational basis for the activities of the United States 14th Air Force based in China. B.A.A.G. personnel, spread throughout a large area, were also responsible for aiding the escape and return to their bases of American airmen shot down, and as the U.S. Air Force grew in China, so this part of the B.A.A.G's. work expanded until it formed an important part of the unit's activities.

Within a few months of the fall of Hongkong, thousands of refugees were pouring out of the Colony into Free China, and to the B.A.A.G. fell the additional heavy humanitarian task of refugee relief. This consisted of opening up hospitals, mass innoculations against small-pox and cholera, famine relief, food kitchens, etc. Side by side with this work went that of disseminating Allied news and propaganda in Japanese occupied and unoccupied territory.

During all this while, Col. Ride found time between the arduous task of directing operations and frequent trips to G.H.Q., New Delhi, to pay flying visits to his forward units, often behind the Japanese lines. On one occasion he personally led a party which undertook the demolition of hundreds of miles of road, bridges and other installations before the advancing Japanese.

In August, 1945, when the Japanese surrender became imminent, an advance party led by him was sent into Hongkong and Canton to provide for the safety and requirements of prisoners-of-war and internees, and to ensure the safety of important enemy documents, suspected war criminals and collaborators, until the arrival of the occupying forces. However, on landing at Canton, the whole party was held for six hours by the Japanese, who refused them permission to enter either Canton or Hongkong, as no armistice had then been signed, and they were eventually forced to return to Kunming.

On September 2nd, a few hours after the Royal Navy had entered Hongkong, Col. Ride was flown in and assumed the duties of Senior Military Officer until the arrival of Major-General Festing some 10 days later. For the next six months he took an active part in the reconstruction of the place.

In the field of sport, no less than in that of war, Col. Ride has always taken an active part. He was an athletic blue of Melbourne University and a Guy's Hospital rowing blue. At Oxford he was captain of the New College boat and a member of the Leander Club. He played rugby and was a keen cricketer, playing for the Hongkong Cricket Club and University for many years, being captain of the Club's 1st Eleven in 1941.

Now that the war is over, Col. Ride is back in his peace-time job of Professor of Physiology at Hongkong University, but just to show that he still has a keen interest in things military, at the beginning of this year he was appointed Commandant of the Hongkong Volunteer Defence Corps. We wish him continued success. What a man!

O.L.T.

The Residents' Play, 1948

THE second post-war Residents' Play was presented in the Physiology Theatre on the four nights, April 27th–30th. Its rousing finale told us that "The Play" has enjoyed its re-birth and will continue, come what may, to provide annual springtime entertainment for delighted audiences at Guy's. The enthusiasm of all concerned in the production and presentation of the Play showed us that this was no empty promise for there is no doubt that the performance of the present residents will have inspired their successors to continue this great tradition. Congratulations to the Residents of 1948, and good luck to those of the future.

This year's play, "Block Dissection" or "Why is my Baby so Blue To-night," had an amusingly topical plot. The principal character, Mr. Block, was engaged on the epoch-making surgical adventure of turning red babies blue. This change of colour in the youth of the nation was against the political interests of a group of "Reds" who were working in the Hospital under orders direct from Moscow. These villains of the piece were Dr. Hazeltwig and his assistant, Anna Cardone, a woman medical student, and a female surgeon, Venus Blood, whose name carefully concealed the colour of her politics. With cunning intrigue, Anna Cardone set out to vamp the hero, Frank Pus, who was Block's house surgeon, whilst Hazeltwig and his assistant conducted sinister biochemical experiments to defeat Block's colour changes and so aimed to instal Miss Venus Blood in his place as Director of the Thoracic Unit. As a result of this sabotage one of Block's patients became a vivid green and the Governors ordered his dismissal and replacement by Venus Blood. Persuaded by several of his loyal colleagues, Dr. Faker attempted to thwart the "Reds" by offering marriage to Venus Blood, but he was turned down, honour satisfied and greatly relieved. In an hilarious final scene in the operating theatre Venus Blood was performing her first operation to restore one of Block's babies to its previous red colour when our erstwhile heroine, Penny Cillin, unmasked the whole plot and fell into the arms of the hero. Venus Blood obligingly cut her throat in the middle of the operation and Block rushed in to save the day. The other miscreants, to our great disappointment, made an unexplained escape, but what matter?—Guy's was reprieved from "Red" domination and Block restored to his rightful place on the Staff!

In his principal part as the tireless Block, E. A. Williams had a difficult task. His rotund features and irrepressible smile did not assist a physical resemblance; his script could have been better filled from the vast store of "Blockisms" and his natural vivacity should have been further encouraged in the portrayal of so energetic a character.

He did, however, give an excellent performance to everyone's enjoyment. Crossley, as Venus Blood the female surgeon, gave a masterly display. His stagecraft and deportment were splendid and his two songs, the Russian song with his "Red" companions and the proposal duet with Dr. Faker, were vocal highlights. Young, complete with corduroy trousers and accent, bore a striking resemblance to Dr. Hazeltwig and schemed with his assistant (Willcox) in a manner fitting to the part. Conran, as Anna Cardone was a magnificent, though not alluring, vamp. Saunders, in the unenviable part of Hero, found his shyness over-accentuated by the somewhat excessive exuberance of his Heroine (Wright) but the traditional love duet was greatly appreciated and Wright's solo, "I Could Change," was perhaps "put over" better than any song in the show. The laurels for character acting undoubtedly went to Morgan as Dr. Faker. His make-up was excellent, his voice the best of them all and his performance represented a true life-study as distinct from a caricature.

The minor character parts were regretably small. Vaughan as Dr. Hauntz, immaculate and "St. Georgian," made his mark on his opening line. Eve as Dr. Plan, slightly divorced from reality and gaiety, was good. Park's subsidiary role of Mr. Blackpool was all too brief, though his song was certainly fashioned with a cutting instrument. Little was seen of Baylis (a diminutive Dr. Lightwaite), Trounce (Dr. Doughland), McEvedy (Mr. Ratkins) and Burns (Dr. Charleston). A particularly striking appearance was made by Stebbing as the ghost of Astley Cooper; magnificently made-up, and possessing excellent diction, he received well-deserved tumultous applause. Oppé, as Sister Dross, energetic and forceful, was a great success and Inskip played Miss Bones, Block's faithful and ever-attendant secretary, to perfection.

Kelsey Fry's Porter was subdued but Kilby and Bockner as the Blue Babies showed boundless energy, wit and action. In a brief appearance as a Masseuse, Cole scored a personal triumph which brought the house down and for which he was deservedly recalled. Among the "Spivs" (Parks, Moffat and Trounce), Parks was outstanding both for performance and attire; which latter, if rumour be correct, was his personal property and had actually been worn on public thoroughfares!

To all the actors without exception we say well done and thank you for an excellent entertainment! To the authors, Douglas Saunders and John Trounce, we say we hope they will be with us next year to write another Residents' Play! In their first play they were wise to choose a simple plot which did not require laborious front-stage enunciation, and to avoid subsidiary plot and counter-plot. The script was good, for there were no embarrassing moments without a laugh, and although some of the exits and curtains lacked polish further experience will remedy such slight defects. The tone of the play was one of kindness and consideration, and those due to be seen this year as others see them must have been well pleased. Undoubtedly some of the gibes struck their target, but those newcomers to the limelight of a Residents' Play will see their colleagues receive much harsher treatment in years to come.

The music of Frank Falkner and Michael Hall deserves high praise and we are fortunate to have had their playing on two pianos recorded by Decca. As composers of original tunes for Residents' Plays they follow illustrious predecessors and we congratulate them on maintaining the high standard previously set. For inexperienced vocalists, however, some of the tunes were difficult to sing and the lyrics did not always give the necessary assistance; and if a friendly word of criticism may be offered it would be that encores should always be asked for but never given.

The difficult job of producing the play was undertaken successfully by Michael Hall. He had trained his actors well and they responded loyally—whether to bribery, cajolery or whipping we do not know, but the result was a play we all enjoyed and applauded. Behind the scenes Hall was assisted by a most efficient stage-manager and a team of stage-hands who spared no effort with their properties, lights and scene-changing to give the producer all he could desire. In spite of the absence of the customary last-night speeches the audience showed its unmistakable appreciation for all concerned in the production of this most excellent Play. The Residents and their helpers put in a tremendous amount of work each year to give us this annual entertainment, and we hope that in giving immeasurable pleasure and maintaining a great tradition they will feel the satisfaction of a job well and truly done.

S.H.W.

Correspondence

The Complaint of an ex-Editor

SIR,—Like Mr. Raymond Hinde, I am an ex-Editor of the Guy's Hospital Gazette. I think most ex-editors feel, at any rate for a short time after they have vacated the editorial chair, that their successors are not quite up to standard.

Fortunately most ex-editors have kept their feelings to themselves. Not so Mr. Hinde, whose letter in the *Gazette* of May 22nd can only be regarded as a personal attack on a Guy's man for whom the vast majority of us at Guy's have the greatest respect.

I remain, Sir,

Yours, etc.,

J. J. CONYBEARE.

Guy's Hospital.

SIR,—Although I am sure that you are wise in not generally opening your correspondence columns to specialists writing about their special subjects, nevertheless, it is always stimulating to hear the views of an acknowledged expert in his particular field.

That is why I so much enjoyed Mr. Raymond Hinde's letter on extra-medical recreational activities, and trust that your columns will always be available to his ever delightful pen.

I am, Sir,

Yours, etc.,

H. J. B. ATKINS.

Guy's Hospital.

Sport

CRICKET

1ST. ROUND INTER-HOSPITAL'S CUP.

GUY'S *v.* ST. MARY'S

at H.O.P. Match drawn.

19th May, 1948.

Played at Honor Oak Park, this promised to be a close and exciting game. Remembering our defeat last year at the hands of St. Mary's, we were determined to give a good account of ourselves. The skipper being injured, Billingham, his deputy, performed his first duty when he won the toss, putting us in to bat on a perfect wicket and under ideal conditions. Our opening pair were soon parted, but the second wicket added a further 45 runs before Blake was out having made 33. The total remained at 65 while another wicket fell, and at 65 for 3 we were not doing as well as we should have been on this perfect batsman's wicket. However, Woodford then joined Gilbert, and, with an interval for lunch in the middle, these two raised the score from 65 to 195, when Gilbert was bowled having made 89. 195 for 4 wickets was the foundation of a large score. Woodford remained at the wicket for many more overs, eventually being caught for 74, a fine innings. The remainder of our batsmen went in with instructions to make runs quickly or not at all, and, Graham having knocked up a speedy 29, our last pair came together with 284 runs on the board. They were not to be outdone, however, and a further 47 runs were added before Billingham declared the innings closed at 331 for 9, a total which must rank among the highest made by the Hospital in a one-day match.

We were left with just over three hours in which to get St. Mary's out, and at first glance the task looked easier than it proved to be. The St. Mary's team was tired but undaunted by the huge total which they faced, and the too perfect wicket showed no sign whatever of the crumbling for which we hoped. O'Driscoll, bowling downhill, claimed 2 wickets in as many overs, and the prospects were bright, but when it was obvious that St. Mary's had no hope of getting the runs, or even before this, they decided that discretion was the better part of valour and put up the shutters. The standard of our bowling and fielding remained good, but against determined defensive play by competent batsmen on a plumb wicket there is little one can do. They played a dead bat to everything on the wicket and no bat at all to everything off it, and thus it was that when stumps were drawn their total stood at 154 for 8 wickets of which the last two hours had yielded about 50 runs.

It was a great disappointment that, after achieving so much, we were faced with a replay. It taught us two lessons, however, the first that we need have no inferiority complex when playing the St. Mary's XI, and the second, that they were resolved to fight to the bitter end no matter how hopeless their task might seem to be.

Team.—G. P. Billingham, E. W. Graham, J. D. Williams, H. M. C. O'Driscoll, P. S. Russell, M. C. Gilbert, J. F. Woodford, C. H. Talbot, D. Blake, T. Smith, H. C. F. Meyer.

1ST. ROUND INTER-HOSPITAL'S CUP REPLAY.

GUY'S *v.* ST. MARY'S

at Teddington. Match drawn.

26th May, 1948.

The replay against St. Mary's took place under very different circumstances On our arrival at Teddington it did not appear likely that any play would take place at all owing to the heavy rain. However, after lunch the weather cleared to some extent, and we were able to start having lost some hours playing time.

Billingham again won the toss and elected to bat first. Our opening pair were parted at 33 and then wickets fell very quickly. From 67 for three we went to 72 for eight, five wickets falling for the addition of as many runs, and St. Mary's were in a very strong position. However, H. R. Prentice, batting No. 8, was quietly playing himself in, asking only that someone would stay with him. Russell rose to the occasion well and the ninth wicket brought our total from 72 up to 110. Prentice, however, was not yet finished. Smith stayed with him until the score reached 133 of which Prentice made 42 not out in a magnificent innings played at a trying time and under difficult circumstances.

This total did not appear large, but the wicket was very difficult, and, although there was ample time for St. Mary's to knock up the runs, we had a fighting chance of getting all of their wickets in the process. We had some early success, and three of our opponents' wickets were down for 29 runs. Whether this frightened them, or whether it was just that they could not score quickly is a debatable point, but suffice it to say that in the two and a half hours at their disposal they were only able to muster 108 runs, and those for the loss of eight wickets. Our fielding was good, and our bowlers excellent. It is a tribute to their impeccable length that this team, including as it does a number of fine batsmen, was only able to score at the rate of 2 runs every 3 minutes. P. S. Russell bowled 20 overs, of which 8 were maidens, while J. F. Woodford's figures speak for themselves, 11 overs, 6 maidens, 9 runs, 3 wickets, a magnificent spell of bowling. Mention must also be made of D. Blake, our wicket-keeper. He caught two very sharp catches, and, just when Moreby, the St. Mary's skipper, seemed set for the afternoon, he had his bails off in as fast a piece of stumping as has been seen at Guy's for many seasons—all this and not a single bye, a fine afternoon's work when runs were precious and wickets at a premium.

When stumps were drawn, St. Mary's needed 26 runs for victory with two wickets to fall, and so once again we are faced with a replay. This will take place at Teddington on June 16th, starting at 11.0 o'clock, and we hope that at the third attempt we shall achieve the desired result.

Team.—G. P. Billingham, E. W. Graham, J. D. Williams, W. M. C. O'Driscoll, P. S. Russell, M. C. Gilbert, J. F. Woodford, D. Blake, T. Smith, H. C. F. Meyer, H. R. Prentice.

CRICKET RESULTS.

GUY'S *v.* PRIVATE BANKS

May 22nd at Catford Bridge.

Result—Lost by 9 runs.

Private Banks.—167 for 10 (Graham 4 for 38, Woodford 4 for 60).
Guy's.—158 for 10 (Blake 40, Williams 33).

GUY'S *v.* GREENWICH

May 23rd at H.O.P.

Result—Won by 5 wickets.

Greenwich.—118 for 10 (Hodson 3 for 21, O'Driscoll 3 for 32).
Guy's.—121 for 5 (Woodford not out 44, Billingham 35).

GUY'S *v.* KENLEY

May 30th at H.O.P.

Result—Match drawn.

Guy's.—144 for 6 declared (Williams 41).
Kenley.—117 for 7 (Russell 4 for 28).

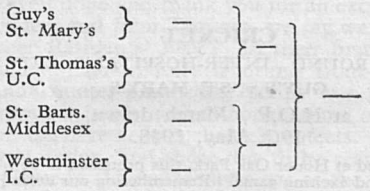
GOLF

LONDON UNIVERSITY *v.* ASHRIDGE G.C.

The Hospital had three representatives in the London University team, which beat Ashridge Golf Club 6—2 on Sunday, May 23rd. All three won their matches.

J. M. D. Grant (Capt.) beat P. Shaw 5/3.
D. F. Cottier beat J. Rhodes 2/1.
N. E. Price beat Dr. Pearson 5/4.

The draw for the London University Golf Cup is as follows :—



Hospital Information, etc.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

L.D.S.

FIRST AND SECOND PROFESSIONAL EXAMINATION.

April, 1948.

Dental Metallurgy.

M. Woolf

Dental Mechanics.

M. F. Ashly
J. D. Barker
S. S. Bjarnason
D. W. Campbell
K. E. Clokey
G. V. Crine
L. Dawson-Squibb
W. F. Dobson
A. N. du Plessis
P. A. Gardener
W. J. George
G. D. Gibb
H. E. H. Gillett
A. L. Giulianotti
J. M. D. Grant
H. C. Hole
W. H. Legg
N. J. Lewis
M. J. Marsh
M. J. Quelch
P. Readings
W. J. A. Reed
V. G. Rice
P. J. Saville
R. Skaith
R. L. G. Thornton
D. R. Whittington

UNIVERSITY OF LONDON.

THIRD (M.B., B.S.) EXAMINATION FOR MEDICAL DEGREES.

April, 1948.

Honours.

*C. P. Mills
*A. W. R. Williamson

* Distinguished in Applied Pharmacology and Therapeutics.

Pass.

K. Anderson
G. L. Blewett
A. S. Bligh
A. W. Cook
H. E. F. Davies
C. J. Earl
C. N. d'Este Eastes
P. W. Edward
D. D. Forbes
P. R. Harben
H. Herbert
P. W. T. Hollis
J. E. H. Lahaise
M. J. May
R. A. Miller
J. T. Owen
T. W. Renton
P. A. Shave
D. J. Sheerboom
B. J. Silkoff
K. Simpson
B. J. Stephens
J. A. Stewart
J. A. Sutton
A. B. Wayte
L. P. J. Wright

SUPPLEMENTARY PASS LIST.

Part I.

R. J. Aspinall
P. Buri
G. Canty
J. T. Cecil
P. Chadwick
K. M. Citron
D. W. Clark
P. S. Clarke
A. A. Craigen
D. C. Deuchar
J. Fine
J. R. Greaves
D. H. Griffiths
M. W. J. Grummitt
M. H. Handoll
D. F. N. Harrison
G. E. Haward
P. W. Head
K. M. S. Hume
T. E. Jeffreys
A. E. McLauchlan
N. H. Porter
P. T. C. Rowan
E. J. Stafford
A. A. Turner
J. Vance
R. S. Vine
J. D. Williams

Part II.

D. S. G. M. Bailey
R. L. Gothilf
E. W. Graham
G. E. Haward
E. R. Hodgson Todd
R. A. Keable-Elliott
S. A. Marsh
H. R. C. Riches
R. S. Vine
P. R. Wagner

Part III.

A. A. Collis
E. B. Dawe
R. D. C. Hart
C. A. Higgins
H. D. A. Hope
J. S. Jones
H. J. Lewis
W. E. MacBean
D. R. I. Mason
E. H. Osborn-Smith
R. J. Vale

UNIVERSITY OF CAMBRIDGE.

M.D.

Neville Southwell
E. J. Crisp

M.B., B.Chir.

F. S. Mellows

ROYAL COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS.

R. A. Bush
D. H. Crook
John Crossley
C. O. Fung-Kee-Fung
I. Haden
C. Halamandres
P. W. Hopper
G. W. Pinder
J. A. Williams

UNIVERSITY OF LONDON.

POST-GRADUATE DIPLOMA IN PSYCHOLOGICAL MEDICINE.

Part A.

J. P. Crawford
A. J. P. Oldham
D. Stafford-Clark
R. J. Stanley

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

At a comitia of the College held on April 29th, the following were elected to the Fellowship :—

M. J. F. McArdle
C. G. Baker

PAPERS BY GUY'S MEN

Breakspear, E. K. Case of late Orthodontic Treatment. *Dent. Rec.*, 1948, **68**, 91.

Dowling, G. B. Vitamin D in the Treatment of Cutaneous Tuberculosis. *Brit. J. Derm. Syph.*, 1948, **60**, 127.

Enderby, G. E. H. A Portable Anæsthetic Apparatus. *Brit. Med. J.*, 1948, i, 1043.

Goodridge, D. L. Neural Effects Associated with Dental Causes. *Dent. Rec.*, 1948, **68**, 88.

Leader, S. A. Direct Acrylic Fillings. *Brit. Dent. J.*, 1948, **84**, 214.

Ogilvie, Sir Heneage. Scrotal Swellings. *Annals Roy. Coll. Surg. Eng.*, 1948, **2**, 219.

Reinhold, J. D. L. Fat Indigestion in a Breast-fed Infant. *Brit. Med. J.*, 1948, i, 981.

Rushton, Martin A. Some Aspects of Autero-Posterior Growth of the Mandible. *Dent. Rec.*, 1948, **68**, 80.

Rushton, Martin. A Osteitis Deformans affecting the Upper Jaw and Osteoporosis Circumscripta of the Skull. *Brit. Dent. J.*, 1948, **84**, 189.

Southwell, Neville. Anthisan in Treatment of Asthma and Hay Fever. *Brit. Med. J.*, 1948, i, 877.

CHANGES OF ADDRESS

A. G. Bearn, F/Lt. R.A.F., No. 8, R.A.F. General Hospital, B.A.F.O., c/o B.A.O.R.

A. G. C. Cox, M.B., M.R.C.P., The Elms, 25, Banstead Road, Ewell, Surrey. (Tel. Ewell 1307.)

P. V. Reading, M.S., Keat's House, Guy's Hospital, S.E.1, and 31, Reddons Road, Beckenham, Kent. (Tel. Hop 0151/2 and Syd 5320.)

BIRTHS

APTED.—On May 11th, 1948, at Guy's Hospital, to Jonna (née Reed), wife of John Apted, Lieut. R.A.M.C.—a son (Robin Heath).

ATTALE.—On 13th May, 1948, to Margot (née Kearney), wife of Surgeon Lieutenant (D) Jeffery Attale, R.N.V.R.—a daughter.

BROUGHTON.—On May 30th, 1948, at Nuffield House, Guy's Hospital, to Josephine (née Watson), wife of David H. Broughton M.B., B.S.—a daughter.

JOYCE.—On 29th May, 1948, at Queen Mary Nursing Home, Derby, to Nancie (née Dryden), wife of Dr. H. L. Joyce—a son (David Anthony, brother for Michael and Peter).

MELLOWS.—On May 3rd, 1948, at Nuffield House, to Juliet (née Williamson), wife of Frank S. Mellows, M.B., B.Ch., D.C.H.—a son.

WHALLEY.—On May 18th, 1948, to Irene (née Wilkinson), wife of R. B. Whalley—a daughter (Diane Helen).

MARRIAGES

GOUGH—UTTON. At Trinity Methodist Church, Sutton, on May 1st, 1948, Keith Maitland Gough, M.B., B.S., to Nancy Doreen Utton.

HAAS—PHILIPPSOHN.—On May 18th, 1948, in London. Leonard Haas, Lt., R.A.M.C., to Ilse Philippsohn, S.R.N.

DEATHS

McFALL.—On May 24th, 1948, at Guy's Hospital, George Edens McFall, M.B., B.S., aged 30 years.

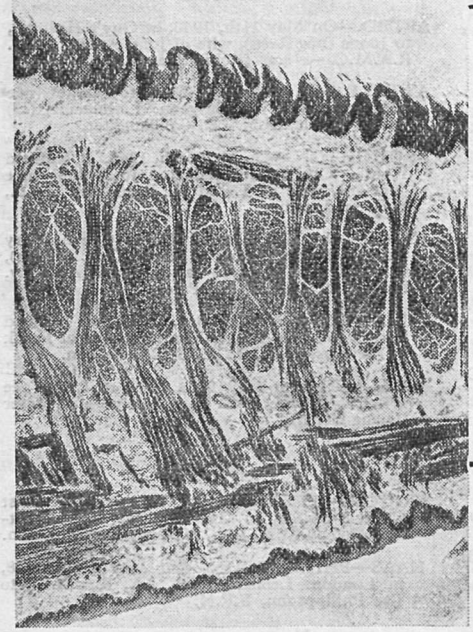
RICHARDSON.—On May 11th, 1948, Joseph Richard W. Richardson, M.R.C.S., L.R.C.P., of 110, London Road, Dover.

Eds. {H.A.R. R.A.K-E.

Photomicrography of stained sections

Controlled tone rendering of colour values is of vital importance in the photomicrography of stained sections and requires the use of fully colour sensitive materials in conjunction with suitable light filters.

With the great majority of dye-stained preparations, the Ilford Rapid Process Panchromatic plate will be found to satisfy all requirements, giving brilliant negatives with perfect resolution of detail over a wide range of magnifications. Complete control over its response to colour is obtained by the Ilford Micro Series of filters, thus enabling the structures of the stained tissues to be displayed to the best advantage.



The Muscles of the Tongue
Stained : Mallory's triple stain
(reproduced by courtesy of F. J. Pittock, F.R.P.S., University College, London)

ILFORD PLATES for Scientific Photography

TECHNICAL DETAILS

Magnification : x 30 diam.
Objective : 20 mm. micro planar (open aperture)
Sub-stage condenser : half Abbe
Illuminant : 6-volt 108-watt ribbon filament lamp
Camera extension : 50 cm.
Plate : Ilford Rapid Process Panchromatic, backed
Colour filter : Micro 3 (green)
Exposure : 3 seconds

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GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

PUBLISHED FORTNIGHTLY

Vol. LXII. *No.* 1563 19*th June* 1948 *Ninepence*

PASSIM

A MONTH ago we had the pleasure of announcing the elevation to the Honorary Staff of Dr. Kauntze and Mr. Lewis. At a meeting of the General Court of Governors, on June the 7th, some further appointments were approved.

Two Assistant Surgeons to the Hospital have been appointed: Mr. Lawrie and Mr. Glover.

Mr. R. S. Lawrie, M.D., M.R.C.P., F.R.C.S., fills the vacancy caused by the appointment of Mr. Slesinger as Consulting Surgeon with modified duties. He qualified in 1939 from the Middlesex Hospital, where he did Resident jobs before going as House Physician to the Brompton and the Royal Northern, and later House Surgeon to the Wingfield-Morris Orthopædic Hospital. Returning to the Middlesex he was a Surgical and Orthopædic Registrar until he joined the army, where amongst other things he indulged in the specialities of orthopædics, maxillo-facial injuries and burns, working for some time with our own Mr. Patrick Clarkson. Since the war he has been a Surgical Registrar at the Middlesex Hospital. In fact there seem to be few places to which he hasn't been, few things which he hasn't done, on his way here.

Mr. Noel Glover, M.S., F.R.C.S., fills the vacancy caused by the transfer of Mr. Brock, to take charge of the Surgical Thoracic Unit in the Hospital. He requires no introduction. At the age of twenty-five, Mr. Glover had already pocketed the Fellowship and the Mastership, and withall remained an essentially modest man. Having been a Surgical Registrar and Clinical Assistant here, he went into the army, serving as a Graded Surgeon in B.L.A., a Surgical Specialist in Burma, and commanding a Surgical Division in Malaya. Since his return he has been a Surgical Registrar at Guy's, and a Clinical Assistant at St. Mark's.

Dr. R. C. MacKeith, M.A., D.M., M.R.C.P., D.C.H., has been appointed Assistant Physician in the Children's Department. He came to us a short while ago as Assistant to the Director of the Department of Child Health, and most of us have already got to know him and make considerable use of him, not as one might expect, as an athlete, but as a clinician. He has brought with him experience from St. Mary's, where he qualified, the Radcliffe, the London Chest Hospital, the Bellevue Hospital in New York, the British Postgraduate School, Great Ormond Street, and the Tavistock Clinic. In the war he served in the Navy. In 1945–6 he was Chairman of the Medical Committee of the Scientific Film Association. This last fact appeals to us enormously and we trust that in the near future we shall benefit from his interest in, and knowledge of, cinematography as a teaching aid. He has familiar associations with Guy's.

Dr. A. B. Wayte, D.M.R.E., M.R.C.S., L.R.C.P., has become Assistant Surgeon in the Radiotherapy Department. A Guy's man, he was Clinical Assistant in this department at the outbreak of war. In 1940 he joined the Army and served in the Middle East as a Radiological Specialist, returning, in his previous capacity, to Guy's, in 1946.

Finally, Dr. P. T. Helliwell, M.B., Ch.B., D.A., has been appointed to the Staff as Anæsthetist to fill the vacancy caused by the resignation and appointment as Consulting Anæsthetist Emeritus, of Dr. E. A. Scott. Dr. Helliwell is a graduate of Edinburgh University, but we already know him well as Assistant to the Director of the Department of Anæsthetics at Guy's. During the war he practised his amnesic, analgesic, and anæsthetic arts in the Far East on soldiers. Since the war has held a Research Fellowship and prepared a report for the Royal College of Obstetricians and Gynæcologists on the use of Trilene as an analgesic in labour, practicing in Sussex, on

sheep. We are led to believe that although these animals do not find Trilene the last word, they do find it a better way of going to sleep than their old-fashioned method of counting women.

To Dr. Eric Scott we would bid farewell. He has been well-known at Guy's, not only as a specialist in his own arts, but as a man with a sense of humour, and a sense of bonhommie. Orpington, under his superintendentship, and owing very much to his convivial personality, was, and we trust still is, one of the happiest hospitals than many of us have ever visited. We do hope that we shall not infrequently see his cheerful countenance here in the days to come.

To those Guy's men who have thus acceded to the staff of their *alma mater*, we would offer our congratulations, and express our great pleasure at their success.

To those who come from without, we would offer our warmest welcome. We believe that we could not have done better and we hope most earnestly that as the years roll on, and as they get used to our ways and imbued with our traditions, they will come to feel that they, too, could have done much worse. It is the custom in some hospitals to treat the staff as if they were the deity, unapproachable and unassailable. In this hospital it is not our way. We have our gods—kindness, and the conscientious pursuit of the healing arts, and honesty of thought. Each man from the senior honorary downwards and from the junior ward clerk upwards is entitled to his humble opinion, and to the expression of that opinion, and it is one of our most treasured traditions that no man is considered an infallible or absolute authority on matters clinical. We respect them and listen to them and watch them and learn from their experience. Our gods, however, they will never be.

THE first examination for the Fellowship in Dental Surgery of the Royal College of Surgeons of England was held in May, 1948, and it is with great pleasure that we learn that of the three successful candidates, one was Mr. Norman Lester Rowe. He thus becomes the first Guy's man to obtain by examination the Diploma of Fellow in Dental Surgery of the Royal College of Surgeons of England, and we extend to him our sincere congratulations.

Guy's Diary

ACADEMIC

June.

21st. Exhibition in Surgical Department. "Osteitis."
5.00. Postgraduate Lecture in Pædiatrics. "Urine in Pædiatrics." Diplock.

22nd. 12.00. Surgical Dept. Further Demonstration in the Series of Operative Procedures. Th. IV.
1.00 Clinical Lecture. Dr. Baker. "Listening to Murmurs."

23rd. 2.30. Postgraduate Revision Lecture in Anæsthesia. Dr. Marston. Clinical Th. (Surgical Block).

24th. 12.00. Dental Clinical Lecture. Prof. Rushton. "Fractures and the Practitioner." Dental Th.
4.30. X-ray Meeting. Gordon Museum.

25th. 2.15. Medical Dept. Combined Round. Preclinical Classroom.
4.30. Hæmatology Lecture for Senior Students (illustrated). Dr. Waterfield. Path. Lecture Th.
5.00. Lecture. Prof. John T. Edsall (Harvard)). "Fractionation of Blood Plasma and Therapeutic Uses of Plasma Fractions." Phys. Th.

26th. 10.00. Surgical Dept. Clinico-Pathological Meeting. Anatomy Th.

28th. 1.00. Clinical Lecture. Dr. Hills. "The Radiology of the Heart."
3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.
5.00. Postgraduate Lecture in Pædiatrics. Diplock.

29th. 12.00. Neurological Demonstration. Dr. McArdle. Preclinical Classroom.

30th. 2.30. Postgraduate Revision Lecture in Anæsthesia. Dr. Marston. Clinical Th. (Surgical Block).

July.

1st. Exhibition in Surgical Department. "Carcinoma of the Breast."
4.30. X-ray Meeting. Gordon Museum.

2nd. 1.00. Clinical Lecture. Dr. Mann. "Fatigue."
2.15. Pædiatric Combined Round. Dr. Evans. Preclinical Classroom.
4.30. Hæmatology Lecture for Senior Students (illustrated). Dr. Waterfield. Path. Lecture Th.

3rd. D—2.

RECREATIONAL

June.

20th. 2.30. Cricket XI. *v.* Horlicks (H.O.P.).

23rd. Golf Club *v.* St. Thomas's Hospital.

25th. 7.30. Hospital Governors and Staff Dinner. Grosvenor House.

26th. 2.30. Cricket XI. *v.* Hornsey (Away).

27th. 11.30. Cricket XI. *v.* Bognor Regis (Away).

30th. Golf Club. Staff *v.* Students.

uly.

J3rd. 2.30. Cricket XI. *v.* Ealing Dene (Away)

4th. 2.30. Cricket XI. *v.* Beddington (Away).

Glimpses of the Unorthodox—I.

A MYSTERIOUS MALADY.

By HENRY THE EPICUREAN.

HAS the medical man to-day much power of observation? Since I have had the droll experience here recounted, I have begun to doubt it.

It chanced I went to a city of renown a rich wedding for to see; and as I was changing my clothes in my hotel before dinner, I became aware of a slight soreness at the angle of the right jaw. "A gland!" quoth I, "but what have I to do with glands at such a time?"; and the evening passed in mirth and merriment. But the next morning I felt tired. "Tush·" said I, "it must be age stealing over me, for as a young man I could carry thrice that amount and wake next morning with a song and a bright thought." A cold bath revived me, but when it came to the tedious process of shaving and I saw my face in the glass, I had to admit to myself that the average medical writer of to-day would describe it as "showing well marked unilateral enlargement." When the average medical writer says things like that, I dismiss him promptly from my mind: I did so now and gave myself to the hour.

By the rivers of Italy, by the sacred streams,
By town, by tower,

There was feasting with revelling, there was love with dreams,
Until thine hour.

And with love-locks vine-chapleted, and with rose-crowned heads,
And mouths on flame,

They slept and they rioted. . . .

In my enthusiasm I began to misquote, getting perhaps a little carried away; but what matter? The wedding feast was kept like Arthur's Christmas, "with mirth and great honoure," and I even made a speech, vociferously applauded by a little boy of three, who mistook it for a superior sort of Punch and Judy show. But when all was over and sunbeams were slanting low from the west, and I went for a walk to look at the mother ducks and their broods, I again felt tired.

The next day I seemed better. My wife ate her sandwiches in the train more quickly than I, but although I noticed this fact, I did not attribute any meaning to it. Arrived home I took as much delight in greeting my possessions as Mr. Mole in *The Wind in the Willows* and was conscious of no unpleasurable feeling. But on the morning of the fourth day a horrid lethargy had hold of me, and there was the same slight soreness at the angle of the jaw, but now on the other side. Once again, when I came to shave, I surveyed my face. I started back! In a sense, in President Wilson's sense, I had thought I was fortunate to be the possessor of it,

As a beauty I am not a star,
There are others more handsome by far.
But my face—I don't mind it,
For I am behind it:
It's the fellow in front gets the jar.

But this was something different. What I looked upon was a disconcerting breadth of visage and a bogus effect of benevolence, which were incongruously at variance with an unwholesome hue and brooding heavy eyes that seemed to have gazed on all the sins and sufferings of earth; and there was a double chin too that never knew the genesis of good living, that was in fact due to two symmetrical lumps each larger than a prune. It was an abnormal face, jutting strangely below the malar bones, saturnine and sinister; and as I soaped and shaved it I thought of others like it that belonged to men who led ill lives. I thought especially of the obese Jephro Ruscastle in *The Copper Beeches*, whose little son killed cockroaches with a slipper, smack! smack! smack! three before you could wink, who cut off his daughter's hair and shut her up in a room in a disused wing, who set the mastiff on Holmes and Watson, and when the doughty pair eluded him, was pinned himself, with a scream of agony and a horrible worrying sound. What should I do? My tongue was grey, my mouth was dry, I was as one who had taken

belladonna, but I had no pain. I could sleep, eat and work, and when I became eagerly interested in a thing I found that I forgot the tired feeling. I need not then consult a doctor on account of how I felt, and as for how I looked, any doctor could see that and act accordingly. Meantime there was a mysterious little voice telling me that I was no longer a young man and that *it* would be all right. I wish I could say what *it* was ; but at any rate the message seemed wonderfully comforting.

Democritus was now my model. With his characteristic ἀθαμβία, or imperturbability, I strode forth to the hospital, expecting to be greeted everywhere with alarm ; and I received a great surprise. For days with sickly looks and uncouth countenance, in homes, in hospitals, in streets, in rooms, in places of refreshment, I mingled with medical men, and not one of them noticed anything amiss. Stay : there was one who may have been aware of something unusual. Kind soul, he came to greet me. " I am glad to see you looking so cheerful and so well," is what he said.

In a couple of days two more glands swelled up and a great roll of double chin stretched from ear to ear. My fevered fancy suggested a new part, " The Declining Days of H. G. Pelissier " : but still no one noticed. Then followed days unsweet and mornings when I woke morose ; yet evening held its little compensating pleasure, when one could relax into an armchair and let mind and body sink into a Nirvana of nothingness. Down, down they went like a diver ; then slowly, slowly drew up to the surface once more. I pampered my oppressed intelligence with light, eupeptic fare, such as Macaulay's Lays of Ancient Rome, or the Experiences in Scotland of the charming Penelope. I was always thirsty and it took me twice as long as usual to chew starchy foods, not because it hurt, but because there was insufficient fluid to mollify the mass. But at length, about the tenth day, my face began to resume its hue of health and my eyes no longer looked like those of one who had trafficked for strange webs and been dead many times. By the twelfth day it had nearly returned to its normal shape and salivary secretion was beginning to be restored. In gratitude for my deliverance I made offering to Father Liber. From a dark, cool place I drew forth a bottle of port, broke the black seal, pulled the cork and slowly decanted. How the rich but subtle spirit pervaded the room the moment he was set free ! How lightly, how smoothly the liquor poured ! See it flashing, beckoning, beaming, blushing, through the cut glass ! Pity the drinkers of cocktails ! And now to pour forth, ceremoniously, glass by glass !

Funde vinum, funde !
Tamquam sint fluminis undae,
Nec quaeras unde,
Sed fundas semper abunde.

I learnt it as a lad of eight from Longfellow. Let every likely lad learn Latin : it is one good step towards a well conducted life. But the glowing spirit has by now perfused the frame, mitigated the evil humours and set to right the disordered tissues. Softly and in delightful harmony of fellowship mind and body are charioted away to regions without a care, without an ache. I am in a mood to enjoy the jest, " Doctors are they ? " I murmur, " and going to be nationalised too ! " It is on the tip of my tongue to add the sentiment of Mr. Pott on Winkle when he heard of his recent marriage. But then, having turned in, as I lie for a while meditating before I sink into a long, healing sleep, I reflect that in the brave new world of Medicine experiences like this will be quite common. First of all the patient will have to present a little card, something like this, " Ex 20107/SJD 4044. Write your name clearly in block letters here. Show this card to the doctor whom you have chosen. If you have no doctor, ask at the Post Office." The doctor will then notice if the patient has anything the matter with him. On the other hand, no card—no notice !

To this little story I append a moral. The fact is that there are not many men now who will stand by the bedside, and trusting only to the evidence of their senses, will there and then deliver themselves of an opinion as to what is the matter with the patient and what is to be done with him. It is the proper thing to wait for the bacteriologist, the radiologist, the pathologist and other —ists and let them pronounce. The doctor in fact is like Henry Irving's " dear old friend, Comyns Carr. He does it with ease by simply knowing whom to send for." The result is that a prompt and confident enunciation is becoming an obsolete thing and is even beginning to be regarded as slightly immodest. Well, one has read of crayfish and other beasts who live and reproduce in dark caves and never use their eyes : after a time economical Nature deprives them of these appendages !

GREAT MAZE POND, 1948

"The Thatchings"

CRAIGWEIL-ON-SEA, NEAR BOGNOR REGIS.

THE Hospital has again benefited from the very generous action of one of its Governors who has given over to Trustees for the benefit of the Hospital and its associated Schools the above property, an illustration of which appears below.

Mr. S. B. Askew, the owner of the property, felt that there had been for a long time a need for a seaside annexe to the Hospital—not for patients, who are already provided for, but for the students and staff, many of whom come from abroad and have no home in this country. "The Thatchings" will now provide a rest house or, on other occasions, a place of recuperation after illness, for the nursing, medical, administrative and technical staffs (*e.g.* physiotherapists), as well as students attending any of the schools attached to the Hospital.

"THE THATCHINGS"

This magnificent house, built among pine trees on the Sussex coast, is ideally situated for this purpose. It is the second big gift to the Hospital made by Mr. S. B. Askew, who was also primarily concerned in the gift of the property "Holmesdale," Nutfield, near Redhill, now used as the Nurses' Preliminary Training School.

"The Thatchings" stands in nearly an acre and a-half of grounds right on the foreshore, with direct access to the beach for bathing, and will provide accommodation for approximately sixteen guests as well as the resident staff. It has extensive gardens, garages and out-buildings and the large lawn at the front is edged by a tamarisk hedge. Catering will be in experienced hands, and members of the staff and students taking advantage of the facilities provided are assured of a restful and beneficial stay. Apart from students and members of the staff who reserve accommodation privately, it will also be possible for the Hospital and School authorities to send members of the staff or students needing rest and relaxation and defray their expenses from their respective funds.

The house is now furnished and the necessary staff is being engaged. Further particulars will be announced in the next issue of the *Gazette* and details of arrangements as to the reservation of accommodation will be available at the Counting House. Half of the accommodation will be at the disposal of the Medical School and half at the disposal of the Hospital.

From Bognor Station taxis are available, or a No. 55 'bus may be taken to The Kingsway, Craigweil, from which " The Thatchings " is less than a quarter mile walk.

Sea Plane.

Staid maiden, daughter of old Oceanus,
How sure, serene and swan-like your aquatics.
No jazz, no care-free rolls, the acrobatics,
With which your cousin aircraft may can-can us,
Disdain! A daughter of the clan MacManus
Through airy space, to gardens aromatic
You bear. Her heart floats high, her joy ecstatic,
With bird's-eye view to gaze, as you tre-pan us
Coast after coast, o'er forests, farms and mountains,
Harbours and bays and mighty cliffs surf-fretting,
Egyptian sands, the ancient Nile, Euphrates.
London to Basra! History flows in fountains
Over my brain. East joins West, us begetting.
Philomel sings in groves of pommegranates.

E. P. McM.

Teheran, March, 1948.

Obituary

G. E. McFALL, M.B., B.S.

THE legend of the Guy's Man is a pleasant and honourable one, and like all legends has its basis in human experience; whether great or obscure, long lived or lost untimely to their profession, the best representatives of Guy's all over the world earn and maintain the coveted reputation for a sensible, humane, and above all essentially practical approach to their subject.

In this respect, despite his youth, George McFall was almost the archetype of the Guy's man. The writer first made his acquaintance in the dizzy days at Farnborough in the first three months of the war: Dr. McFall was at that time a surgical dresser, distinguished not only by his common sense and general competence, but above all by his unfailing good humour and absolute reliability. These qualities were to last him a brief lifetime and to illuminate the tragic and inexorable illness which ended in his death at the early age of thirty.

Later in the war we served together in the R.A.F. in the same operational heavy bomber station. George McFall was just the same; cheerful, resilient, extremely competent and absolutely dependable.

When later he left for another formation the personal reputation he had so modestly and apparently effortlessly established continued to redound to his own credit and to the credit of his hospital. The outside world can rarely be expected to share the parochial enthusiasms of a particular hospital or university; but to both his patients and his colleagues from other venerable establishments, George, utterly without pretension, conveyed something of the indescribable but precious spirit of the hospital from which he came.

I last saw him in Guy's where he was a patient. He had been ill, intermittently, for years: had faced and accepted the suffering and disappointment of relapses: had returned to Guy's in the hope of resuming his work, but was now dying. Yet still, and through it all, the strength, courage and humility beneath the surface of that gallant and good humoured spirit were never more apparent. In living, cheerful and resilient, in dying, modest and brave, he will be missed by the very many for whom he exemplified so much that is best in Guy's; so much that is invaluable and must endure.

D.S.C.

Correspondence

Conservatism in Surgery

SIR,—The article on "Emergencies in Practice" in your current issue has prompted me to describe a case which occurred on one of the forts some miles out at sea, which was under my care during the latter half of the recent war. My very excellent orderly reported a case to me, which he thought was probably an acute appendicitis, one Friday evening. A heavy gale was blowing which raged till the following Monday morning, all traffic between the fort and the shore being meanwhile suspended. Happily I had previously taken out a bottle of Tinct. Opii and in addition there was an ample supply of morphia on the fort. I ordered twenty minims of the tincture and we continued to give this dose (or an occasional fifteen) every four hours, night and day, until the following Monday morning, when traffic was resumed, the gale having sufficiently abated. The orderly and I telephoned to each other every four hours during the three days and nights, he reporting the temperature, pulse and respiration rates. If the patient was asleep when a dose was due, it was given as soon as he wakened.

On the Monday morning, I met the boat at the jetty and found the patient's abdomen distended like a dish-cover, and the muscles intensely hard. We rushed him up to the theatre and found he had, of course, perforated some while before, and there was much peritonitis, but he made an excellent recovery, the only feature of note being that for several days there was an appalling effluvium from the wound, which was noticeable even in the hospital corridor, when approaching the ward.

Three months later, he was back at his usual gunnery duties on the fort, and said the only pain he suffered throughout the three days was caused by the rolling motion of the boat in the rough sea coming ashore.

I am,

Yours, etc.,

M. ASTON KEY.

Southsea.

The United Hospitals Sailing Club

SIR,—Since 1926, with the exception of the war years, the United Hospitals Sailing Club has flourished at Burnham-on-Crouch, providing dinghy racing and sailing for all comers and a common meeting ground for students from all hospitals in the old barge "Harry." It is, as it always was, a club for beginners, intended for those who are keen to mess about in boats yet hardly know blunt end from sharp.

The "Harry" now lies derelict and the Club has premises ashore with a steward in charge to provide meals, and bunks for up to 30 members.

The Clubs' Union have generously agreed to subsidise the rail fare, so that at present it costs well under 15*s*. for a full week-end, including bed, board and travel.

Almost all the old dinghies have become unseaworthy, but the Club has seven new 16-footers of the Burnham Town class which have been giving excellent sport this season, while some members have accepted offers to crew in the larger classes at Burnham, or in Ocean Races.

Guy's men started the U.H.S.C., and until the war were its strongest supporters; but the present generation of Guy's students seems hardly to know of its existence or of how much they are missing. It is for this reason that I have thought fit to inform you of these facts about the Club.

I am, Sir,

Yours, etc.,

J. S. STEAD.

Guy's Hospital, S.E.1.

No Failure

SIR,—Your paragraph in this week's Passim, on the possibilities of a literary career for the student who can not or will not reach qualification, prompts me to tell you of one Guy's man who has achieved some success in the world of letters although he cannot even claim to be an ex-editor of the *Gazette*.

I do not think it is widely known that C. S. Forester entered Guy's from Dulwich College in October, 1915, as he will not be found under that name in the list of entries for that year.

His contemporaries will remember him as a tall, gaunt and bespectacled figure. He passed his First M.B. in 1916 and thereafter made desultory attempts in the dissecting room, but by 1920 he finally abandoned medicine for novel-writing.

Those interested will find an account of the conflict between medicine and literature in "Two and Twenty," an early and partly auto-biographical novel of his, published in 1930.

His medical studies, sketchy though they may have been at the time, he used to good advantage in "Payment Deferred" and "Captain Hornblower" and later, in "The Ship" there is a small nostalgic reference when the Surgeon Lieut. Commander recalls the pigeons in the park at Guy's while he is under fire.

I do not know whether he could be persuaded to write an article, "To Those Leaving During the Clinical Period," but I am sure that if he did he would urge that for the great majority it would be much wiser to stick to medicine until qualification.

Yours, etc.,

FORESTER FAN.

The Complaint of an Ex-editor

SIR,—In accordance with the traditional breadth of tolerance which marks the conduct of that journal's affairs, you were kind enough to publish a letter of mine in a recent issue of the *Gazette*. But I could wish that what I had written had not provoked Sir John Conybeare to write a letter, the publication of which you must have found little less than embarrassing.

For from above the mantelpiece Sir John has taken down his sword and in the manner of a heavy dragoon sought to defend your honour, doubtless masked and certainly unnecessarily. He has, with justifiable pride, stated that he was at one time editor of your journal and left it to the tone of his reply to remind us that he was also for some time its censor. It will seem inconceivable to your readers that so distinguished an ex-editor as Sir John is at a loss to understand that criticism of an individual's exercise of an office is quite separate from the levelling at him of charges of a personal nature. That is English law as well as English custom; it is the reason why a member of Parliament is not referred to by name in the House; it is a characteristic of English editorship; and it will be a sad day when personal animosity and fair criticism become identified as they have in Sir John's mind.

Meanwhile, one quite understands that like those of a Prime Minister who was once also held in the greatest respect, your lips must remain sealed in view of Sir John's appearance as the chivalrous defender of an unassailed bastion.

Mr. Atkins is good enough to recognise me as a specialist in what he calls extra-medical recreational activities and I call leisure. As such, I am pleased to note that he has time to allow himself the luxury of that priceless literary pursuit, the barbed compliment.

I am, Sir,

Yours, etc.,

RAYMOND HINDE.

1, Mansfield Road, Oxford.

(This correspondence is now closed.—*Ed.*)

Reviews

Practical Biology for Medical and Intermediate Students. By C. J. WALLIS. 2nd Edn. Heinemann. *Price* 21*s.*

THIS new edition has repeated the error of its predecessor. Too much is attempted with the result that nothing is done well. It is hard to see what particular advantages this book might have as compared with the many excellent manuals of Practical Biology that are in common use. The illustrations are poor and largely inaccurate and they set a very low standard before the student, for whose guidance they have presumably been drawn.

The book cannot be recommended.

E.W.B.

Remedial Exercises for Certain Diseases of the Heart and Lungs. By HESTER S. ANGOVE. 2nd Edn. Faber & Faber. *Price* 10*s.* 6*d.*

THIS little book is intended primarily for the physiotherapy student or the practising physiotherapist. It should be of equal value for the medical practitioner, who though accustomed to prescribing remedial exercises for various heart and lung conditions, has little idea of the technique employed or the scope for this form of treatment.

Miss Angove describes in very simple language the physical treatment employed in certain heart and lung conditions; the indications for treatment and the aims of treatment.

Though the pathology is dealt with in a very elementary way, it should be adequate for the physiotherapist. With this reservation this is a book which can be thoroughly recommended.

E.J.C.

The Background of Therapeutics. By J. HAROLD BURN. Cumberlege (Oxford). *Price* 22*s.* 6*d.*

THIS is not a textbook of therapeutics but a series of critical reviews of recent pharmacological research. It is addressed to "those engaged in clinical teaching," but it can be recommended also to those doctors and students who wish to understand the physiological basis of the action of certain drugs and methods of treatment. It bears the mark of the research laboratory rather than the ward. It demands critical study rather than blind acceptance and I feel that the author intends it to stimulate such an attitude.

S.L.S.

An Introduction to Medicine For Nurses. By PATRIA ASHER. Heinemann. *Price* 21*s.*

THIS book is a very welcome textbook for nurses. It is written in a conversational style, making the reading enjoyable and different from the usual type of textbook. Nurses will appreciate the explanations of the signs and symptoms of the different diseases. It is a pleasure to handle a book of pre-war standard of production, though the margins are unnecessarily large. It is a pity that morning and evening charts are used to illustrate such conditions as Septicæmia, Lobar pneumonia and some others. The section on mental ill-health is particularly interesting and adds to the usefulness of the book for nurses in general hospitals. The book is generously illustrated.

F.T.

The Conquest of Brain Mysteries. By GEORGE BANKOFF. MacDonald. *Price* 6*s.*

THIS is the last of a series of six Conquest Books by the same author. The writer does not claim for his work scientific status, but the whole is founded on modern psychological studies, especially the findings of Freud and Jung. It gives a clear and concise and readable account of the progress of the understanding of mental diseases over the past fifty years, and for the layman is instructive and entertaining.

J.W.S.

Radon, Its Technique and Use. By W. A. JENNINGS and S. RUSS. The Middlesex Hospital Press. *Price* 18*s.*

THIS is a very useful and authoritative book covering the production and handling of Radon. It should find a place in the reference library of all Hospital Physics and Radiotherapy Departments, but it is unlikely to appeal to students or clinicians unless they are interested in the technical side of the production and handling of Radon.

Perhaps the book would find more general appeal if the clinical aspect was dealt with more fully, but as a technical reference book it is admirable.

A.B.W.

A Manual on Dental Metallurgy and Non-Metallic Materials. By ERNEST A. SMITH. 6th Edn. Churchill. *Price* 16*s.*

THIS new edition of a well-known textbook has brought it into line with the new curriculum of the College in that it is no longer devoted purely to metallurgy. The book is divided into two parts, the first being a condensed and re-written version of the previous metallurgy, whilst Part II is entirely new and is devoted to the non-metallic substances encountered in dental practice.

H.B.F.

Textbook of Histology for Medical Students. By EVELYN E. HEWER. 4th Edn. Heinemann. *Price* 21*s.*

THE fourth edition of this excellent textbook preserves all the advantages of the previous editions in that it presents the features of histology which the student can see without difficulty for himself. Moreover, the subject matter is presented throughout in its relation to function, so that it integrates admirably the subjects of Anatomy, Physiology and Pathology and gives the medical student an understanding of the real meaning underlying histological appearances.

The new illustrations are almost all photographs, mainly of human material, some of which replace diagrams in other editions. Most of these have improved the book materially. Two exceptions may be quoted: Fig. 127 is open to the criticism that a monochrome does not do the slide justice; and Fig. 253, although of human material, is not as clear as the section of the pancreas of the cat which it replaces.

The section on the central nervous system would be greatly improved from the student's point of view if the terminology were brought up to date.

The book as a whole, however, is deserving of nothing but praise, and can be recommended to medical students as presenting the subject from exactly the right point of view and in a very interesting way.

J.W.

Modern Trends in Diagnostic Radiology. By J. W. McLAREN. Butterworth. *Price* 60*s.*

THE ever increasing use of X-rays for various special investigations has created a very real need for a well balanced review of the ramifications of this speciality. The Editor of this book has succeeded in collecting a most able and diverse team of authors. Their contributions cover such a wide field that it is not possible to attempt to list them here, but there is no doubt that much of the material will be of interest and value to anyone who prefers patients for X-rays. It is almost impossible for anyone other than a specialist to appreciate the applications and reliability of even routine X-ray procedures and many practitioners are unaware of the existence of some of the special investigations. This book should find a permanent home in any department of radiology and should be read by anyone who wishes to make the best use of the services of the X-ray department.

T.H.H.

Dietetics in General Practice. By LESLIE COLE. 2nd Edn. Staples. *Price* 8*s.* 6*d.*

THIS little book provides a short résumé of diatetics which should prove of great value to students, house officers and practitioners. An attitude of sound common sense prevails throughout and, although no attempt has been made to modify pre-war diets in the light of present rationing, it can be recommended confidently to those who wish to acquire a sound working knowledge of the physiological principles involved when prescribing diets in the more common diseases.

K.S.M.

The Pathology of Traumatic Injury. By J. W. WILSON. 1st Edn. Livingstone. *Price* 20*s.*

IN his paper the author states that his reasons for writing this book are, that although much has been written on the diagnosis and treatment of injury to the human body, few works have been devoted to the pathology of the lesion in question. The book was written on active service with the R.A.M.C., hence many references were unavoidably unobtainable, but the essentials are there and well presented.

We would agree with General Mitchener who states in his foreword that Dr. Wilson has made a valuable contribution to the pathology of traumatic injury. It is an epitome of modern work on all subjects connected with trauma and we consider it would be a valuable addition to any library.

W.G.G.

Also received.

Aids to Pathology. 9th Edn. By J. O. OLIVER. Bailliere, Tindall and Cox. *Price* 7*s.* 6*d.*

Aids to Organic Chemistry. 3rd Edn. By JAMES MAXWELL. Bailliere, Tindall and Cox. *Price* 9*s.* 6*d.*

Sport

CRICKET

GUY'S *v.* FINCHLEY

at Finchley. Result: Match drawn.

6th June, 1948.

Finchley is always regarded as one of the strongest fixtures on our programme, and we can, therefore, look back on this game with some satisfaction, although victory itself eluded us. Having won the toss, our opening pair went to the wicket, but that partnership to which we have of late been accustomed was not to be, and with the total at ten, Blake was deceived by a good ball and was bowled for six runs. Billingham was then joined by Gilbert, and this pair took the total along to fifty-seven before Billingham was bowled for a sound thirty-one. Wickets then fell at intervals of about twenty runs until Prentice, joining Woodford, put on 47 runs with him for the fifth wicket. The innings being declared closed at 150 for 5 wickets.

Even at this stage it did not appear likely that the game would result in a win for either side, as the weather was closing in and rain seemed imminent. The strength of the Finchley side is usually to be found for the most part in their batting, and with only two hours remaining, even supposing that the rain were to hold off, our attack, weakened as it was by the absence of Russell and Graham, was undertaking a task which seemed well nigh hopeless. It is in such circumstances, however, that O'Driscoll is at his best, and, bowling on a wicket deadened by a surfeit of water, and with a ball as slippery as rain and a long outfield could make it, he rose to the occasion in magnificent style. He took our opponents' first three wickets for five runs, and the scoreboard read, total—7, wickets—3, last man—4. This great beginning was followed closely by the fall of three more wickets, and at 32 for 6 wickets we seemed to have more than an outside chance of winning the game. We were foiled, however, partly by the rain and partly by their second batsman who was undefeated for 42 runs when rain stopped play. Bowling under the most difficult circumstances, O'Driscoll had the fine figures—overs, 13; maidens, 6; runs, 16; wickets, 5.

Perhaps the most welcome feature of the game was the fact that our skipper, R. G. Nicholson, was able to play once more after the injury which has, unfortunately, kept him from the field for the past few weeks, and we are glad to think that he will be with us for the second replay of our cup match with St. Mary's on the 16th of this month.

Team: R. G. Nicholson, G. P. Billingham, H. M. C. O'Driscoll, A. M. Platt, M. C. Gilbert, J. F. Woodford, A. H. Whittaker, D. Blake, H. R. Prentice, H. C. F. Meyer, G. Moore.

GUY'S *v.* BOGNOR REGIS

at H.O.P. Result: Match drawn.

12th June, 1948.

One of the features of this season is the magnificent start which it is now almost taken for granted that our opening pair will produce. The match against Bognor was notable for an opening stand beyond even their usual excellence. Having won the toss, Blake and Billingham proceeded to put on 126 runs for the first wicket, and, not only did

they make the runs, but also they made them at a rate which doubles their value in half-day cricket, taking just under one hour to knock them up. After this beautiful exhibition of batting was over an anti-climax was inevitable, but that which followed was unnecessarily dismal; from 126 for one wicket we went to 168 for 8, before the innings was declared closed. Of these runs G. P. Billingham made 86, and Blake 61; Billingham was most unfortunate to miss his century as he was run out by what was either a very skilful or a very lucky return.

The remainder of the match was not of great interest, and, although we took 7 of their wickets for 119 runs before the close of play, we never really looked as if we should get them all out. T. Smith in 16 overs took four wickets for 35 runs in two very creditable spells, while Nicholson celebrated his recent return to the field by taking 3 for 29. Their opening pair hit all but 29 of the runs from the bat, and the remaining wickets fell at intervals which, while unsatisfactory from the point of view of winning the match, at least provided our men on the field with the latest news from Trent Bridge.

Team: R. G. Nicholson, G. P. Billingham, A. M. Platt, J. D. Williams, M. C. Gilbert, A. M. Whittaker, H. E. G. Dyer, D. Blake, C. H. Talbot, T. Smith, J. C. Kendall.

GUY'S *v.* WOOLWICH GARRISON

at Woolwich. Result: Won by 4 wickets.

5th June, 1948.

Woolwich Garrison—128 for 10 wickets (O'Driscoll 6 for 31).
Guy's—130 for 6 wickets (G. P. Billingham 41).

GUY'S HOSPITAL MUSIC CLUB

SEVENTH CONCERT.

On Tuesday evening, June 1st, in the Nuffield Nurses' Sitting Room, the Music Club gave an informal concert of chamber music before a moderately large but select audience.

The programme opened with the most charming item of the evening, a theme and variations in B flat for piano duet by Schubert. This delightful, vigorous work was performed by Peter Shave and Tony Salmon, whose well marked rythm and concerted attack were most praiseworthy. John Soothill, accompanied by Tony Salmon, then sang a group of three songs by Schubert. The choice of "Ganymed," "Fruhlingstraum" and the "Erlkonig" was ambitious, and indeed it is doubtful whether the former two present the best medium for Mr. Soothill's voice. Ambition was, however, fully justified by the Erlkonig in which the profundity and power of his voice were indispensable qualities. This really was a fine performance, and the accompanist deserves congratulations for not only staying the course of this extremely arduous score, but for also playing with great expression, clarity and a superbly steady rhythm. Later, John Soothill brought the concert to an end with three English Folk Songs in a much lighter vein.

Following the first group of songs, Ian Kelsey Fry, accompanied by John Soothill, gave a carefully rehearsed performance of Bach's Flute Sonata in E Flat. Mr. Kelsey Fry's skill with the flute is very considerable and he played extremely well, despite the fact that he seemed to be having some trouble with his instrument during the first movement. The second movement, Siciliano, was the best, but unfortunately, in keeping with the informal nature of the concert, it had to compete with loud "noises off" elsewhere in the building. These were effectively controlled in time for the Carnival Suite by Schumann which Peter Shave played. He in his turn had to compete with extraneous voices emanating from some loose body in the piano. Nothing dismayed he gave a very good performance of this collection of delightful musical sketches. In contrast to the romantic complexities of this work, Kavin Anderson followed with the simple beauties of Handel's violin sonata in E, being accompanied by Tony Salmon. After a slightly nervous start, Mr. Anderson soon settled down to give a most enjoyable interpretation, in which his excellent tone made the Largo the most effective movement.

Although it would not be true to say that the standard of performance was equal to high professional, it cannot be denied that throughout it was remarkably good. This informal "getting together" of a few enthusiastic amateurs to play for the amusement of themselves and the pleasure of a small body of friends is the ideal way of presenting this sort of music. The measure of its success on this occasion was fully expressed by the warmth of the applause it evoked.

Speaking at the close, in reply to thanks tendered for permission to give the concert in the Nurses' Home, the Matron commented on the fact that this was the seventh concert given by the Club, and expressed her hope that the Eighth would soon follow. With this sentiment we fully concur and are therefore all the more pleased to learn that the Club, following the favourable reception on this occasion, is hoping to present a similar concert in the middle of July.

D.C.D.

GUY'S HOSPITAL PHYSICAL SOCIETY

Essays entered for the Physical Society's Prize should be sent to the Secretary, The Physical Society, Guy's Hospital Medical School, by 1st September, 1948. The subject this year is "Malnutrition," and essays should not exceed two thousand words. Entries should be written under a pseudonym, and accompanied by a sealed envelope containing the author's real name, the same pseudonym being written on the outside. Dr. Hampson has kindly agreed to adjudicate.

DENTAL SOCIETY

The Annual General Meeting was held in the Dental Theatre on Tuesday, June 1st at 1 p.m. The Secretary, A. H. R. Rowe, reported the good average attendance of 72 members at the 12 meetings held. At one meeting this year, when Prof. J. Whillis showed his film on "The Tongue in Action," there was an attendance of 150, the highest in the history of the Society. The President, Prof. H. R. B. Fenn, said that he was gratified by the high percentage of papers read by students, and appealed for a maintenance of this effort next year. The prize for the best student paper for 1946–7 was awarded to B. Engelsman, L.D.S., for his paper on "Dentistry Through the Ages," and the prizes for 1947–8 were awarded to J. W. McLean, L.D.S., for his paper on "Developmental Aspects of Acrylic Resins," and to G. Holding for his casual communication on "The Lining of a Silicate Filling."

The following officers were elected for 1948–9:—

President—Mr. H. H. Kenshole, D.S.O., T.D., L.R.C.P., M.R.C.S., L.D.S.
Secretary—A. N. du Plessis.
Treasurer—H. L. Scott.
Assistant Secretary and Gazette Representative—D. G. Bunker.
4th Year Representative—R. V. Warren.
3rd Year Representative—H. W. Powell.
2nd Year Representative—M. S. Tyrell.
B.D.S.A. Representatives—O. J. Neill, G. F. Thompson.

H.L.L.

Hospital Information, etc.

NOTICES

ADDISON LECTURE

The SECOND ADDISON LECTURE will be delivered on FRIDAY, 9th JULY, 1948, at 5 p.m., by PROFESSOR EDWIN B. ASTWOOD,, M.D., C.M., Ph.D. (Tufts Medical School, Boston, Mass. U.S.A.), on "THE MEDICAL TREATMENT OF HYPERTHYROIDISM," in the Physiology Theatre, Guy's Hospital Medical School.

The Chair will be taken by Sir Charles Harington K.B.E., M.A., Ph.D., F.R.S.

Applications for tickets should be made to the Dean.

THE INNOMINATE CLUB, 1921

The 14th Annual Dinner of the Innominate Club was held at the Trocadero on Friday, 4th June. Thirty-seven members were present and two guests. F. Marsh was Chairman, and C. A. N. Hicks was elected Chairman for 1949.

In the afternoon preceding the Dinner, several members attended a Clinical Meeting at the Hospital, which had been kindly arranged by the Staff, and was very much appreciated.

BIENNIAL DINNER

PRELIMINARY ANNOUNCEMENT.

The first post-war Guy's Biennial Dinner will be held at the Dorchester Hotel, Park Lane, W.1, on Friday, October 29th, 1948. Invitations will be sent to all old Guy's men, medical and dental, whose names appear in the 1948 Directory of Guy's Men, except those resident abroad. Mr. W. M. Mollison, C.B.E., has kindly consented to take the chair.

"Pulse"

Applications are invited for the Editorship of "Pulse," which is now vacant, and should be made to the Hon. Sec. of the Students' Union.

UNIVERSITY OF LONDON.

Dr. E. R. Boland has been appointed to the Senate for the period 1948–52.

Mr. James Whillis has been appointed to the Chair of Anatomy at Guy's Hospital as from October 1st.

PAPERS BY GUY'S MEN

Batchelor, J. S. Amputation of Toes. *Proc. Roy. Soc. Med.*, 1948, **41**, 261.

Brock, R. C. Pulmonary Valvulotomy for the Relief of Congenital Pulmonary Stenosis. Report of three cases. *Brit. Med. J.*, 1948, i, 1121.

Clarke, C. Astley. Asthma. A Note on Preventive Treatment. *Practitioner*, 1948, **160**, 466.

Conybeare, E. T. Encephalomyelitis after Vaccination. *Monthly Bull. Min. Hlth. and Public Hlth. Lab. Service*, 1948 (April), 72.

Cosin, L. A Statistical Analysis of Geriatric Care. *Proc. Roy. Soc. Med.*, 1948, **41**, 333.

Crisp, E. J. The Conservative Treatment of Lumbar Disc Lesions. *Proc. Roy. Soc. Med.*, 1948, **41**, 261.

Epps, P. G. Talipes Calcaneo-varus with Extreme External Rotation of Tibiæ. *Proc. Roy. Soc. Med.*, 1948, **41**, 264.

Forman, L. Acne Conglobata treated by Implantation of 300 mg. of Stilbœstrol. *Proc. Roy. Soc. Med.*, 1948, **41**, 300.

Harkness, A. H., and Another. Leprosy treated with Sulphetrone in 1943. *Proc. Roy. Soc. Med.*, 1948, **41**, 309.

Lubran, M., and Another. Hæmoglobinuria—A Review. *T. Roy. Army Med. Corps*, 1948, **90**, 155.

Mann, W. N. The Treatment of Non-Specific Diarrhœa. *Practitioner*, 1948, **160**, 490.

Pringle, K. E. Observations on a Visit to the U.S.A. *Dental Rec.*, 1948, **68**, 123.

Rook, A. F. Standards of Fitness for Civilian Flying Crews. *Practitioner*, 1948, **160**, 444.

Wass, S. H. Melanotic Adamantinoma of the Mandible in a Child aged 5 months. *Proc. Roy. Soc. Med.*, 1948, **41**, 281.

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF LONDON AND ROYAL COLLEGE OF SURGEONS OF ENGLAND.

DIPLOMA IN PHYSICAL MEDICINE.

W. F. Dunham

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

FELLOWSHIP IN DENTAL SURGERY.

FINAL EXAMINATION.

May, 1948.

N. L. Rowe

UNIVERSITY OF CAMBRIDGE.

M.D.

K. S. MacLean

SOCIETY OF APOTHECARIES OF LONDON.

FINAL EXAMINATION.

May, 1948.

Surgery—R. A. Bryan, *N. Davis, E. Kilby.
Pathology, Bacteriology and Forensic Medicine—*N. Davis.
Medicine—*A. C. Bojé, *N. Davis.
Midwifery—*N. Davis.

* Have completed the examination.

BIRTHS

JONES.—On June 4th, 1948, at Trevalyn Manor Maternity Hospital, Wrexham, to Olive (née Thomas), wife of H. P. Jones, M.B., B.S., Port Helen, Rhewl, Ruthin—a son (David Pritchard), brother for Ann.

KAHN.—On May 17th, 1948, at St. Francis Hospital, to Margaret (née Jonas, S.R.N.), wife of Irving Khan, of 1085, Albany Ave., Hartford, Conn., U.S.A.—a son (Jeffrey Steven).

VALE.—On May 28th, 1948, at The City of London Maternity Hospital, to Muriel (née Barnby, L.D.S.), wife of W. A. Vale, B.D.S.—a daughter.

MARRIAGES

FULLER—COX.—At Pinner Parish Church on June 12th, 1948, James Raymond Fuller, L.D.S., to Sheila Valerie, younger daughter of Mr. and Mrs. J. Wheeler Cox, of Pinner.

DEATHS

MORRISH.—On June 11th, 1948, Jonathan B. Morrish, L.D.S., R.C.S., of Carlyon Bay, St. Austell, Cornwall.

CHANGE OF ADDRESS

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P. B. Maxted, 162, Harrowby Lane, Grantham, Lincs.

J. C. Prosser-French, L.D.S., R.C.S., 77, Cloncurry Street, S.W.6. (Tel.: Putney 3455.)

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GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

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PASSIM

" There are men and classes of men that stand out above the common herd ; the soldier, the sailor and the shepherd not infrequently ; the artist rarely ; rarelier still the clergyman ; the physician almost as a rule. He is the flower (such as it is) of our civilisation."

R. L. STEVENSON.

WHAT an admirable public relations officer Stevenson would have made for the Ministry of Health. But what an appalling influence he would have had on the medical profession. Nothing is so undermining as flattery, and nothing leads more rapidly to a state of smug complaicency which stuntifies progress and retards existing knowledge. It is true that there is little to be gained by going to the other extreme and slating people up hill and down dale, but a little judicious sarcasm here and there works wonders in stimulating a debate or enlivening a dreary discussion. Our ancestors were past masters of this art, although at times their invective was a little laboured. But they lived at a time when faith in the art of healing was at a singularly low ebb, and doctors were more frequently likened to charlatans than to saints. As one cynic bluntly put it :—

" One doctor, singly like the sculler plies,
The patient struggles, and by inches dies ;
But two physicians, like a pair of oars,
Waft him swiftly to the stygian shores."

But the pendulum has now swung the other way, and the profession basks in continuous sunshine. The daily papers vie with each other in reporting successful cases, and " miracles of surgery " have become two a penny. No longer is the noble art dismissed with the laconic statement that " there are worse occupations in this world than feeling a woman's pulse," as Stearne naively put it. In this enlightened age the doctor has become a knight errant, and his profession a sacred calling.

Gratifying as this state of affairs may appear, it is nevertheless a dangerous situation. It engenders an easy tolerance—a tendency to drift with the tide ; a tendency to rest content with past achievements, and worse still a tendency to leave the future to care for itself. It breeds apathy.

Here at Guy's we have a great tradition behind us, and we are seldom allowed to forget it for long. But a great tradition is not like a piece of furniture to be displayed on special occasions, nor is it necessarily a constant asset which makes any one place better than another. On the contrary, it is something of a task master, for it results in comparisons, which are usually unfavourable, being made between the present and the past. This state of mind is further fostered by the extraordinary mixture of old and new which abounds everywhere in the hospital, and it is surely time some sort of order was made out of the prevailing chaos. The line between past and present should be clearly demarcated.

Guy's needs an historical museum, and any cracks that it *is* one are ill placed. All over the hospital are pictures, busts, instruments and countless other objects of interest, which are completely ignored because they are in such incongruous places. The Gordon Museum, in this respect, is a classical graveyard. It contains many specimens prepared from material provided by Bright, Addison and others, which by virtue of their age are poor pathological specimens, but which nevertheless are of great historical interest. It contains some of the finest wax models in the world, but as most of them are unlabled, and many are scattered higgildy piggildy around the museum, they are of little value to students, and but a poor memorial to Townsend, who originally designed them. Similarly old surgical instruments, and relics of Thomas Guy himself, lie half forgotten in musty cases in the Wills library, there they are seldom viewed, but where they take up valuable space in an already overcrowded room.

In recent months a gallant attempt has been made to display some of the original works of earlier Guy's men, by putting exhibits in a small show case in the Gordon Museum, but the time has now come for a separate building, or room, to be set aside to house the countless objects which reflect the glory of the Guy's of the past. We are well aware that space in the hospital is at a premium, but in the long run it will prove more economical to have everything under one roof, and this unification would greatly enhance the value of the objects displayed.

Now is the time to make provision for such a museum, for the rebuilding of the hospital will result in the unearthing of much that is of interest and value, and it would be a tragedy if relics of the past were lost because there was no suitable place to store them. Heirlooms of the past are unique and irreplaceable ; they deserve a lasting place in our midst.

We congratulate the Cricket XI. on defeating St. Mary's, the holders, in the first round of the Hospital Cup. This marathon match, which was won on the third replay, is fully reported in this issue, and we hope that the elevens' convincing win augers well for the future. Two cups, the rugger and the hockey, have returned to Guy's in the last three months ; there is still a vacancy for a third.

On July 1st, Professor T. B. Johnston relinguishes the superintendentship. Attention is drawn to this elsewhere in the issue. Together with all Guy's men, past and present, we wish him good luck, good health, and many years to enjoy both. On the same day, Mr. W. D. Doherty, M.Ch., F.R.C.S., takes up that office. He requires no introduction here, for their can be few better known sons of Guy. But we would take this opportunity of welcoming him and congratulating him on his appointment.

A further twenty beds have now been made available in the Hospital by the repair and re-opening of Christopher Ward, in the Surgical Block. The standard of decoration, fitting and furnishing is extremely high and those who have partaken in this latest piece of resuscitation are to be congratulated on the product of their labours. Fourteen of the beds are for male genito-urinary patients, the remainder for general surgical.

We would like to apologise for an error in Passim of the last issue. Dr. A. B. Wayte's qualifications should read : M.B., B.S., D.M.R.E.

Guy's Diary

JULY

ACADEMIC

5th. Exhibition in Surgical Department. "Carcinoma of the Breast."
5.00. Postgraduate Lecture. Dr. P. R. Evans. "Dyschrondroplasias." Diplock.

6th. 12.00. Further Demonstration in the Series of Operative Procedures in Th. IV.
12.00. Physiology Theatre. Dr. H. Sicker, M.D., Loyola University, Chicago College of Dental Surgery. "Growth of the Skull and Face."

7th. 2.30. Post-graduate Revision Lecture in Anæsthesia. Dr. Marston. Clinical Theatre (Surgical Block).

8th. 12.00. Physiology Theatre. Dr. H. Sicker, M.D. "Growth of the Skull and Face."
4.30. X-Ray Meeting. Gordon Museum.

9th. 1.00. Clinical Lecture. Dr. Hampson.
2.15. Combined Round. "Endocrine Diseases." Dr. Bishop. Preclinical Classroom.
5.00. Addison Lecture. Prof. E. B. Astwood. "Medical Treatment of Hyperthyroidism."

10th. 10.00. Departmental Round. Mr. Cattell, Lahey Clinic, Boston. Clinical Theatre.

12th. 12.00. Dental Clinical Lecture. Dr. J. M. Dyce. "Dental Photography." Dental Theatre.
3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.
5.00. Post-graduate Lecture. "Alimentary Parasites." Dr. R. C. MacKeith. Diplock.

13th. 12.00. Neurological Demonstration. Sir Charles Symonds. Preclinical Classroom.
1.00. Clinical Lecture. Dr. Baker. "On Murmurs."

14th. 2.30. Post-graduate Revision Lecture in Anæsthesia. Dr. Marston. Clinical Theatre (Surgical Block).

15th. 1.00. Clinical Lecture. Mr. Eckhoff. "Rodent Ulcers and other Facial Lesions."
4.30. X-Ray Meeting. Gordon Museum.

SPORT

10th. 11.30. Cricket XI. *v.* Three Counties (Away).

11th. Tennis Club *v.* Eastbourne (Away).

14th. Tennis Club *v.* City of London Police (Away).

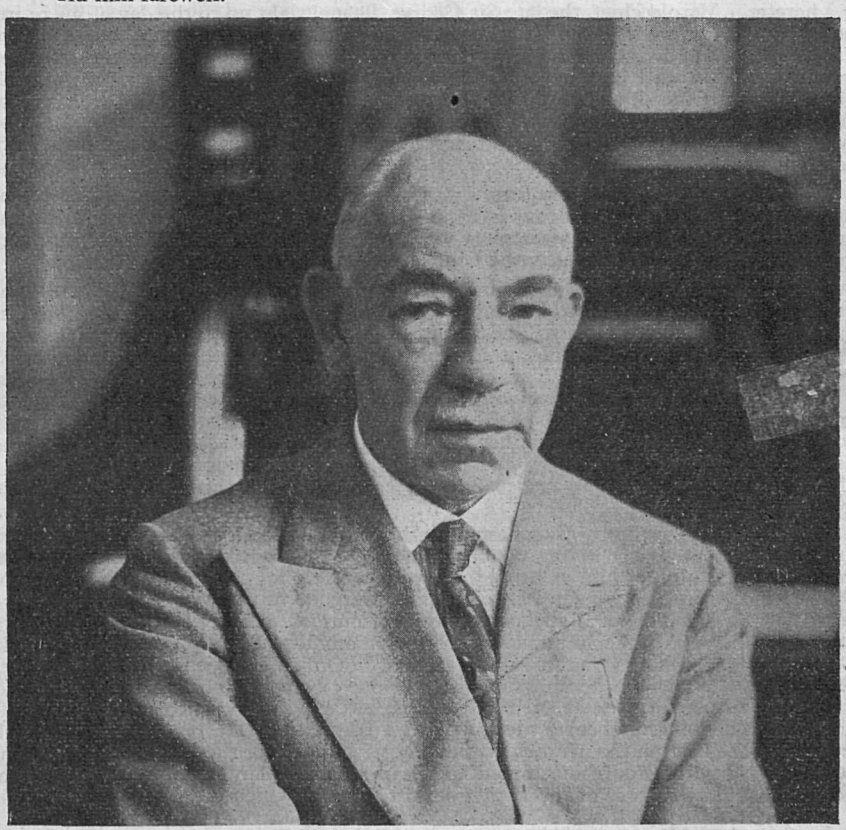
17th. 2.30. Cricket XI. *v.* Private Banks. (H.O.P.).
Tennis Clnb *v.* Paddington (Away).

Professor T. B. Johnston

ON Tuesday, June 8th, 1948, Professor T. B. Johnston gave his Final Lecture in the Anatomy Theatre. We publish it below.

Despite an extremely hot afternoon, every seat was full an hour before the time at which the lecture was scheduled to start. When Professor Johnston appeared, every inch of floor space, in the gangways, on the stairs and around the lectern, was fully occupied. Through all the doors a mass of people could be seen stretching far out into the passages. Here were Guy's men, past and present, of all levels of eminence, including "Doc" Hancock and S. H. Croucher.

Seldom can such a spontaneous tribute have been paid to a departing colleague. The prolonged applause at the beginning and at the end was added evidence of the appreciation the Hospital has for Professor Johnston's work, how deeply they feel his departure, and how sincerely they bid him farewell.



THEN AND NOW

Let me say, in the first place, how greatly I appreciate this opportunity of saying a few words to you by way of farewell, and how glad I am to be able publicly to thank all those who have helped me in the Anatomy Department in the past 29 years. I would add that I am well aware that for many of you it has meant a sacrifice of very valuable time to come here this afternoon, and I am correspondingly gratified.

I propose to say a word or two about the changes that have come about in the teaching of Anatomy since I came to Guy's in 1919. Many of my friends are never tired of reminding me that Human Anatomy undergoes no changes. Nevertheless our know-

ledge of it, in many respects, is very much broader and deeper than it was, and our approach to the subject has undergone a fundamental change.

Thirty years ago the London Anatomist earned his salary—insignificant as it was then—by the sweat of his brow. The limiting horizon was the Primary Fellowship Examination, and topographical and what I may call factual anatomy had a value that, judged by modern standards, was ridiculously inflated. Many of you will remember the stress laid on the detailed anatomy of such structures as the otic and sphenopalatine ganglia as tests of the knowledge and ability of the better students. Some of you may still recall with feelings of satisfaction and pride how you defeated examiners by the incredible feats of pure memory which you performed in this connection. It is true that thirty years ago a few highbrows were talking in terms of the Parasympathetic, but nobody paid much attention to them. It was the "position, relations and connexions" that mattered.

Bones were the bedrock on which all true anatomical knowledge was founded and I remember our old friend "Doc" Hancock cross-questioning me soon after I had arrived in an endeavour to discover whether I was of the orthodox faith on this matter or a heretic. My old chief, the late Sir George Thane, right up to the day of his retirement, used to devote a whole hour before each of his lectures, drawing bones on the blackboard in full detail and with very careful shading. He was a good and practised draughtsman—an art I have never acquired—and his pictures were very beautiful. He really did make the dead bones live—up to a point. I used to wonder whether the end-result compensated him for all his labour, but he was older then than I am now, and perhaps a little bit shorter in the temper, and I never screwed up my courage sufficiently to argue with him on the subject.

Going still further back, some forty-five years ago when I was a student and preparing for my Second M.B., three or four of us used to stand in a row with our hands behind our backs and the senior Demonstrator would slip a carpal or a tarsal bone into each open palm and we had to identify the bone and its appropriate side by touch alone.

I can remember, too, the first time I examined in Anatomy at the Conjoint—you must bear with me if I tend to become reminiscent—my co-examiner was a fellow Scot many years my senior. I can still hear him saying to me in a much broader Scots than I normally employ, "I never care if a student doesn't know anything about the brain," which reminds me of a story about a well-known Glasgow surgeon. One day he was scraping a tuberculous skull bone with a Volkmann spoon. After one or two vigorous scrapes he looked at the contents of the spoon and said to his assistant: "Hmph! It's like br'rain." Then he had another go, looked again, "It's gey like br'rain." A third and still more vigourous go and then, with an air of triumph, "It *is* br'rain!" The surgeon had little more respect for the cerebral cortex than the senior colleague previously quoted.

Elliot Smith came from Manchester to University College at the time I left there for Guy's, so that, to my lasting regret, I never had the opportunity of working under him. I like to think of him as being mainly responsible for the complete reorientation which the Teaching of Human Anatomy has undergone in the past 25 years or so. I know that he had a great influence on my own outlook and my teaching. The first time I heard him give a communication to the Anatomical Society I felt that he spoke "as one having authority and not as the scribes." Only a few speakers have impressed me in this way. Schafer, the physiologist, was one; Robert Jones was another. Elliot Smith had no use for facts as such unless he could explain them, correlate them with other facts and so give them a meaning and a real value. He brought a completely new outlook to bear on the nervous system and he gave us, for the first time, a clear and intelligible story, no doubt incomplete and imperfect in many of its details, but none the less a connected story of the Evolution of the Brain which brought a flood of light to lesser lights like myself.

In his younger days when he was Professor of Anatomy at Cairo, Elliot Smith applied unsuccessfully for a chair in this country, and the rumour came back to him that his colleagues in England regarded him as a pure Neurologist and not as an Anatomist. He was furious and said to his No. 1: "————, we must nail that lie to the counter." So, a few months later, he published in the Journal of Anatomy, a paper entitled: "Studies in the Pelvic Fascia, No. 1." It was an admirable paper in pure descriptive anatomy, that threw light on what was, in those days, a very dark corner. Not long afterwards he was appointed to the Chair in Manchester. It is quite immaterial though not altogether irrelevant to mention that "Studies in the Pelvic Fascia, No. 2" never appeared!

Nor can I help paying tribute to Arthur Keith's work at the College of Surgeons. Ever mindful of the tradition of John Hunter and imbued with the same spirit of inquiry, his investigations ranged over a very wide field, from the growth and disorders of growth of bone, to the Conducting System of the Heart, although he is best known as an Anthropologist, for he has devoted his latter years almost entirely to prehistoric man and the history of man's evolution.

I know that my own teaching took on a different viewpoint and I began to lay more and more stress on the inter-relation of structure and function and less and less stress on Topographical and Factual Anatomy, more and more stress on the explanation and meaning of facts and less and less stress on the facts themselves. And now some of my younger colleagues have run away from me. They are following what are to me strange jobs, the endocrines, the chemistry of the tissues, the morphology of the lymphocyte, and so on. A recent number of the American Journal of Anatomy contained the following contributions :—

" Histogenesis of the argentophile cells of the proventriculus and gizzard of the chick."

" On nuclear proliferation and nuclear size."

" Localisation of lipids and other chemical substances in the mast cells of man and laboratory animals."

" Secretum products of Leydig cells (whatever they may be) in Peroinyscus " (whatever type of animal that is).

Clinicians are always tempted to think that the preclinical subjects are still being taught in the way they were taught in their student days. Too much time devoted to minutae and the topography of arteries and veins in anatomy, too much to the twitching of muscle-nerve preparations in Physiology. But times *have* changed, and even Anatomists and Physiologists change with them.

It so happens that little more than a week ago the B.M.A. issued the Report of its Medical Curriculum Committee, drawn up by some twenty-one clinicians. Once again the Teaching of Human Anatomy is assailed, but once again there are clear indications that the critics are laying more stress on their own recollections of Anatomical Teaching in their own young days than on evidence collected from medical schools at the present time. True, they have consulted three present-day Teachers of Anatomy, and what they have to say is therefore prefaced by the qualification that " in some schools steps have been taken to reduce the amount of detail the student is required to memorise, and major emphasis is placed on living and functional anatomy rather than on the static structures of the cadaver." But they hasten to add, " There is, however, still room for improvement " and they hanker after the desirability of " relating the detailed instruction to the student's future requirements."

Knowing something of the way in which my Anatomical colleagues regard the subject, I have no hesitation in saying that to-day there is no Anatomy Dept. in the country—with one possible exception—where the major emphasis is *not* placed on living and functional anatomy. The categorical statement in the Report that " The Structure of the Body should be presented as a process " is simply nonsense, arising, I have no doubt, from a misconception of the possibly exaggerated emphasis laid by one of the authorities consulted on the well-known fact that in many parts of the body units of structure are constantly in process of being replaced, but in the average individual the replacement has identically the same structure as its predecessor. The authority mentioned has recently been greatly interested in the fact that in living bone the calcium phosphate and other salts are constantly being replaced by fresh calcium phosphate, calcium carbonate, etc., but the discovery of that process hasn't modified the structure of bone and does not in any way affect its functions in the body. Similarly, it is of real interest to know and to see demonstrations of the fact that the epithelial cells of the intestinal villi are constantly being replaced, but the functions of the villi are not altered thereby. And what of muscle tissue and nervous tissue ? Are *they* constantly being replaced like the calcium phosphate of bone ? If so, I am quite unaware of any evidence to that effect, experimental or otherwise.

It may be that I am a back-number, but it seems to me that to stress the fact that units of structure are being constantly replaced by identical units and not to stress the character of the structure itself would defeat its own object and leave the student with a complete misconception of the stability of the structure of the body. It is such statements as I have quoted that make me doubt whether it wouldn't be better to allow

the medical curriculum to work into its own salvation, as it has been doing steadily for the past 50 years or more. In London University, particularly, where each subject of the curriculum has its own Board of Studies, it is really an impracticable proposition to impose any modification from above, and that is not by any means a bad feature, for reform from within is infinitely preferable, for it is sincere and therefore likely to be progressive.

Thirty years ago the 2nd M.B. examination in London was as much an external examination as the Conjoint examination still is to-day. After a prolonged fight, which continued for many years in the Boards of Studies, the internal examination system was adopted and approved by the University, so that each teacher in London is free to teach Anatomy in his own way, and to present his subject according to his own ideas. You may or may not approve of that, but it is really what is meant by the phrase, repeatedly heard nowadays, " Academic freedom."

There are other paragraphs in the B.M.A. Report which must sound odd to those who have studied Human Anatomy at Guy's in recent years. " The anatomy of the nervous system needs to be taught much more adequately," is a good example; "that students might act as subjects for each other in Surface Anatomy " is another. Indeed I have found little that is both novel and practicable in the Report.

Finally, the Committee recommends that the Courses in Anatomy and Physiology should be cut down to four terms instead of five as at present and, after agreeing that the student should continue to dissect the whole body, they believe " that the adoption of the recommendations put forward will result in a considerable saving of time and effort." Naively they continue " the time saved will become available for the incorporation of new knowledge in the syllabus, for thought and reflection on the essential processes concerned in the determination of structure and form, and for the study of special aspects such as the fundamental principles that underlie the development, growth, differentiation and adaptive capacities of the tissues which make up the human body."

It is quite unnecessary for me to add that we are told that " the adoption of the Committee's recommendations will obviously involve a considerable re-orientation of the teaching of Anatomy." What with self-reorientation and imposed reorientation, there is a danger lest we find ourselves back where we were, fifty or a hundred years ago !

While I am on this subject, I should be lacking in appreciation if I didn't make it clear that at Guy's the teaching of Living Anatomy as opposed to the Anatomy of the Cadaver owes a very great deal to the energetic initiative of my right hand for so many years and my successor to be, Dr. Whillis. Even before the present Pathology block was erected, he had improvised an X-ray room in the Department. The equipment was a cast-off plant belonging to the Hospital and was therefore, shall we say, a little old-fashioned; but Mr. Whillis was willing to sink his pride and make use of it—with its numerous shorts and shortcomings—for the instruction of students. Knowing clinicians, I don't for one moment imagine that the students who come into the wards nowadays appear to know any more than their predecessors about X-Ray appearances, but nevertheless they do know the fundamentals and the clinician has in fact something to build on.

I should now like to take this opportunity of saying something about the changes which have affected the teaching of embryology.

When I came to Guy's in 1919, the Anatomy Dept. was the fortunate possessor of a large number of very beautiful dissected specimens, the work of our old friend " Doc " Hancock, a certain amount of osteological material, slates, blackboards and chalk in plenty, and little else. I can recall the difficulty of attempting to teach Embryology with nothing but lantern-slides and the epidiascope to help me. Some of you suffered in that period. As a school, we weren't very wealthy in those days, neither the Dunn nor the Wells bequests fell in till 1927 and we had no grant from the T.G.C. until 1930. But Nicholson was good to me and gave me a collection of mole embryos at different stages, beautifully fixed, and in time Greaves and I between us cut them all in serial sections, so that I was soon able to start microscopical demonstrations.

Then in 1930, with the School in a better financial position, I was able to get £200 to spend on the Department. I shan't forget the visit I made to Freiburg-un-Baden, to find Ziegler's workshop, the only place in Europe where embryological reconstruction models could be bought. The street looked unpromising. A long and unbroken row of small two-storey houses. I found the number and rang the bell. Nothing happened. I rang again. Then I beat on the door. Nobody paid the slightest attention. Then it occurred to me to try the handle. It turned and I opened the door, on to a short passage-way that led into a yard. At the foot of the yard I found a small two-storeyed building.

I rang the bell and suddenly a window above my head opened, and the head and shoulders of an elderly bearded man appeared, asking what I wanted. When he had satisfied himself that I was a potential customer, he came downstairs and let me in. In the upshot I spent most of the grant I had been allowed, and signed the "distinguished visitors' book." A few months later, I had the pleasure of unwrapping the models, some of which I have here on the rostrum. These, with a new set-up for the epidiascope to give better micro-projection, allowed me to lecture and demonstrate on Human Embryology in a reasonably intelligible way.

Thirty years ago the Teacher Bryce Embryo (T.B.I.), rescued in 1905 from a mixture of blood and urine, was the earliest Human Embryo described up to that date and its age was estimated at 14–14½ days. Within the last 10 years, thanks very largely to the work of two Americans, Dr. Hertz, an Embryologist attached to the Carnegie Institute at Washington, and Dr. John Rock, the well-known Gynæcologist, aided by the co-operation of the latter's patients, perfectly fixed specimens of a 7 day, a 9 day, 11 day, 11½ day, 12½ day and other embryos, have been obtained and described, and more recently a four-day specimen, so that we are no longer dependent on comparative anatomy for the early stages of human development.

Finally, a word about Terminology.

Twenty years ago, with a certain amount of misgiving—for the cause was both unpopular and, from many points of view completely barren, I raised with the Anatomical Society the question of a British Revision of the B.N.A. There was a certain amount of opposition, some hard words were spoken, there was no obvious enthusiasm, but the Society appointed Professor Francis Dixon of Trinity College, Dublin, Mr. Jameson of Edinburgh, and myself as a sub-committee to go into the matter and put forward proposals.

There followed five years of very strenuous work, for we did the greater part of it by correspondence. We had double-sheets of fullscap prepared, with a column for the B.N.A. terms, and a column for the views of each member of the committee. These I divided into 3 heaps, one I sent to Dixon, one to Jameson, and one I retained. After a reasonable interval, we had a general post, and after another interval a second.

Having got back all the sheets I went over them critically, and listed all the terms on which we were in agreement, either to accept or not the proposed alteration. Then commenced an almost interminable correspondence on terms which one wanted to keep and others wanted to change.

However, in the long run, after some final concessions by each, we had a list which was accepted at a meeting of the Society in Birmingham in 1933, the terminology which is now known as the B.R. came into being.

I don't propose to enter into all the arguments, but it is, I think, for the most part a reasonable terminology. It has reduced the number of terms in use very substantially. It is informative and fairly topical. I *hope* it has removed some of the unnecessary difficulties from the thorny path that the modern medical student has to travel and I don't think that I was really wasting my time.

I'm afraid that you may have found this résumé rather scrappy and discursive, but I felt that you would prefer something of the nature of a review to a more technical kind of lecture.

I have never ceased to regard myself as a very lucky man to have had the opportunity of spending the greater part of my active life at Guy's. It has been a great experience, and I have enjoyed every minute of it. I've had a tremendous lot of fun out of it and out of you, and on that account I shall be eternally in your debt.

APPRECIATIONS

J.J.C. writes :—

It is perhaps difficult for those of us who have been at Guy's throughout the whole of Professor Johnston's career in the Hospital and School to realise that his official connection with us as Superintendent has been severed. Our regrets at his departure will be tempered by the fact that he is a member of the new Board of Governors.

Professor Johnston for almost thirty years has been so closely connected with the Hospital and School that any biography of him during his service at Guy's must be to some extent a history of Guy's. Perhaps I may be allowed to remind readers of the

Gazette of the conditions at Guy's during the first few years of his régime as Professor of Anatomy and Dean, conditions which were very different from those in 1939 and even more so from those at the present time.

The School at that time had no very definite constitution. Its management was mainly in the hands of an unwieldly staff meeting with some forty members, who only met at infrequent intervals. Owing to the generosity of Mr. L. A. Dunn and Mr. C. H. Wells, the Medical School was relatively better off than most, but against this had to be set the fact that financial grants from the Treasury Grants Committee were declined, for fear of loss of independence. Any profits accruing from the School were divided up in shares, which were distributed annually to members of the Visiting Staff.

The payments of junior staff and teachers in the Medical School were lamentably meagre—£150 per annum to a Registrar. The School premises were very poor and insufficient, particularly the Anatomy and Pathology Departments. The latter was housed in a converted warehouse, far distant from the rest of the School, while the Anatomy Department would have functioned well as a large public lavatory. The beds allocated to Midwifery cases were only eight, designed to take in abnormal cases from the Maternity District. There was no ante-natal clinic and the Externs went out to their cases on the District with no practical experience and negligible theoretical knowledge of midwifery. The X-ray Department was equipped with apparatus, which was more suited for exhibition in the Science Museum than for use in a teaching hospital.

When Professor Johnston took over the office of Dean, the entry of students far exceeded anything ever known before or since. Most of these were from the Services, considerably older than the normal age of medical students, some married and very hard up, others with plenty of money to burn. Classes had to be run in duplicate and the members of the School Staff worked under conditions of considerable stress. Those were the days of Student rags and without doubt the success of Guy's in coping with the somewhat difficult times was largely due to the personality of the Dean, with its combination of forcefulness and kindness, tact and friendliness.

Apart from his relations with the Students, Professor Johnston, coming as a stranger from the north, had to acquire the confidence and respect of his colleagues in the School and Hospital—not always an easy task. Before the Deanship was taken over by Professor Johnston, the post had been held by a member of the Clinical Staff, on a very part-time basis. The requirements of the School had hardly been viewed as a whole and long-term policy was conspicuous by its absence. It says a great deal for Professor Johnston's tact and ability that within a very short time of his arrival he had won the friendship and respect of all his colleagues, both in the Hospital and School with only one or two exceptions. It was this which enabled him to put forward and get accepted schemes which if sponsored by others would have almost certainly been rejected.

It was quickly apparent that the School needed larger and more suitable buildings. Within a few years of his arrival at Guy's, Professor Johnston succeeded in getting a substantial addition to the School authorised and financed. This consisted of the block which accommodates the Anatomy Department and the Dissecting Room, the Biology Department and the Bacteriological Class Rooms. At a later date he was able to tackle the problem of new accommodation for the Departments of Pathology, Bacteriology and Pharmacology. Guy's also owes to him the provision of a large and well-equipped Staff Common Room, which has done much to bring together members of the School and Hospital Staff.

Although until 1938, Professor Johnston's primary duties were in the School rather than in the Hospital, he was largely instrumental through his friendship with Lord Nuffield in obtaining for Guy's much needed accommodation for paying patients, which we all know so well as Nuffield House. Although this lay quite outside his official duties, he was one of the most energetic members of the Nuffield House Council, which had to implement Lord Nuffield's most generous and timely gift.

Apart from preclinical teaching and its organisation, Professor Johnston took a great interest in the reorganisation of the clinical curriculum, which followed on the extension of the years of clinical work from two to three. Though not a clinician himself, he had a breadth of view and a quick grasp of essentials which made his opinion and advice on any and every problem of the greatest value. The institution of the Preliminary Clinical Period—probably the greatest advance of the last thirty years—and the provision by the School of a full time Clinical Tutor were largely due to his co-operation and support, involving, as it did, heavy financial commitments both in salaries and capital expenditure on adequate premises.

Professor Johnston soon realised that the arrangements for the management of the School were clumsy and ineffective and that a reorganisation was clearly necessary, but in such a conservative institution as Guy's his motto had to be Festina Lente. Progress had to be by infiltration and not by frontal attack. He was thus able to produce results which could not have been obtained in any other way. In 1926 a new constitution for the Medical and Dental Schools was drawn up and adopted. The success of the School Council and its various sub-committees has been amply proved during the past twenty years, together with that of the School Governors as a sort of House of Lords.

Professor Johnston's career at Guy's can be divided into two periods, from 1919 to 1937 as Dean and from 1938 to 1947 as Superintendent. I have already outlined some of his main achievements during the first period and will now pass on to his shorter but even more stirring regime as Superintendent. May I be allowed to point out that the appointment was not one of his own seeking. It was only after pressure from the Governors and particularly from Lord Nuffield, as Treasurer, that he was prevailed on to accept a post, which would necessarily greatly curtail the amount of time he was able to give to his anatomical work. Though he did not know it when he took up his appointment it was to sever him completely from anatomy for practically the whole of the war.

When Professor Johnston took over as Superintendent one of the most urgent and pressing problems was that of Hospital finance. At that time Guy's was not only figuratively but literally bankrupt. Annual deficits of £20,000 or so over many years has necessitated heavy bank loans and encroachments on capital and a stage had now been reached when it was impossible to predict how much longer the Hospital would have sufficient liquid cash resources to pay its weekly wage bill. Already it owed the tradesmen who supplied it with meat, fish, flour and other consumable stores, some £60,000. At any time their patience might become exhausted. However, Mr. Lees Read, the Clerk to the Governors, managed to appease the most clamorous of the creditors with an occasional small sum on account, and the patients and nurses were still fed.

Clearly the time was fast approaching when something had to be done if the Hospital was not to close down in toto. Approaches were made, official and unofficial, to the London County Council and the Ministry of Health, and in these negotiations the Superintendent played a prominent part. While both bodies agreed that the position must not be allowed further to deteriorate, each considered that it was incumbent on the other party to take action and nothing was done. By rigid economy, often at the expense of efficiency, and attempts, to some extent successful, to obtain more payments for and on behalf of patients, the Hospital managed to stagger along until the imminent threat of war brought the Emergency Health Service into being.

This new service paid very large sums into the Hospital Funds, and by the end of the war had paid off the debts to our creditors and to the Bank, leaving a very handsome surplus. This remarkable financial achievement the Hospital owes more to Mr. Lees Read than Professor Johnston.

On the outbreak of war, Professor Johnston found himself in a new job, again one thrust upon him rather than sought—Group Officer for No. 10 Sector. The Government expected 300,000 air-raid casualties in the first 10 days of war, so there was clearly no time to lose in perfecting the organisation by which casualties could be switched to the various hospitals in the Sector and the necessary medical staff disposed where their services were most needed. The Headquarters of the organisation was in a somewhat unattractive Victorian house at Orpington and here were gathered Professor Johnston as Group Officer—often known to the irreverent as the Führer, his Assistant the Deputy Führer, Miss MacManus as Sector Matron, Mr. Lees Read to see that the Ministry of Health did not defraud us, and last but not least, Miss Delamare. It must have been mainly due to the tact, good humour and common sense of the Group Officer that the grim atmosphere of blacked-out Boundary House did not lead to bitter and ineradicable hatreds among those quartered there.

In or near Boundary House worked and dwelt the Group Officer for year after year, through blitzes and flying bombs, sleeping in dugouts, watching the Battle of Britain, which took place almost entirely over his Sector, arranging for the disposal of the wounded from Dunkirk, posting medical personnel to where they were needed—often a thankless task, resisting or trying to resist demands from the Sector Medical Staff that they should be allowed to join the fighting services. These and a thousand other activities, great and small, occupied Professor Johnston as the war years rolled on.

Letters and directives poured out from the headquarters of the E.M.S., often, unfortunately, more honoured in the breach than in the observance by the Medical Staff of the Sector.

In addition to his duties as Group Officer, Professor Johnston still had to exercise a general supervision over Guy's, which his energetic Deputy Superintendent, Dr. P. M. F. Bishop, had managed to save from the encircling flames. Guy's itself in those days presented no mean problems both as regards staffing and evacuation.

With the end of the war and the near approach of the National Health Service, Professor Johnston had to face many problems, the gradual reopening of beds, the restoration of war damage and the reorganisation of the Out-Patient Department. The funds of the Hospital melted like snow in the Spring, but fortunately large grants from the Ministry of Health were forthcoming to bridge the gap between the voluntary system and the National Health Service. With these it has been possible to introduce amenities never before known to Guy's, lights over the beds, increased numbers of bath rooms and lavatories for patients and reconstruction of the X-ray Department, to mention only a few items. Towards the close of Professor Johnston's regime as Superintendent, the limiting factor had become the availability of materials, in marked contrast to his pre-war years when nothing could be done owing to financial stringency.

I have tried to show how the work of Professor Johnston both in the School and the Hospital has been interwoven in the pattern of Guy's, as it has developed over the last thirty years, but I have said little or nothing of him as a man. He has great insight into character and woe betide the student who tried to deceive him or lie. Both as Dean and as Superintendent his hospitality was famous. An epicure and a good judge of wine, especially Hock, his guests were always assured of first class food and wine. He himself was a perfect host, who had planned every detail for his guests' entertainment.

Those who have been fortunate enough to go with Professor Johnston to Huntercombe Golf Club or on holidays will have seen him at his best. Always cheerful, he seemed to be able to throw away the cares of office at a moment's notice though able to pick up the threads instantly. A steady though not outstanding golfer he obviously enjoyed his good shots while the not so good passed unnoticed.

Many week-ends and particularly Christmas were spent at Huntercombe, where he quickly acquired the close friendship and respect of Lord Nuffield. Indeed it is to "the Dean," as he is still affectionately known at Huntercombe, that Guy's owes the privilege of having had Lord Nuffield as Treasurer and President together with his many and most generous benefactions to both Hospital and School.

Known to most of his friends as Johnny or T.B., he is a popular after-dinner speaker, but he likes to know beforehand that he is expected to speak. In the great rugger days of the nineteen-twenties, Johnny was a constant attendant at Rugger dinners billed to start an hour or more before they actually did. In the somewhat hilarious after-dinner avalanche of speeches, Johnny's speech commanded attention and relative silence.

After his retirement from the post of Superintendent time will not hang heavily on Johnny's hands. There will still be Gray to edit and meetings of the new Board of Governors of Guy's to attend, quite apart from other Committees under the National Health Service. He is interested in music with a first-class E.M.G. gramophone and a large collection of classical records. He also takes a keen interest in athletics, plays a good game of tennis and golf and follows closely cricket and rugger. Our sorrow at his departure is to some extent tempered by the knowledge that he has a worthy successor in George Doherty. I am sure that all readers of the *Gazette* and indeed all their very numerous friends both in and without Guy's will wish to join in wishing godspeed to Johnny and every good wish to George as his successor.

J. W. writes :—

T. B. Johnston began his career as an anatomist in 1907, after a distinguished record as a student at Watson's College and the University of Edinburgh. At that date he became a demonstrator in the Edinburgh department under Sir William Purues, and later he was appointed lecturer in the extramural school which a few years previously had been adopted by the University.

Like so many of his fellow countrymen, he migrated south and in 1914 became lecturer in Anatomy at University College, an appointment which was interrupted by his war service in the R.A.M.C. from 1916 to 1918.

It was in 1919 that he was appointed to the Chair at Guy's, and it is significant that his administrative ability was recognised immediately by his election as Dean in 1920. This post he held without interruption until in 1937 he became Superintendent of the Hospital.

His output of research has not been large, as might be expected in view of his having been so extensively occupied in teaching and administration. His work has included observations on the mammalian cæcum, on the flocculus of the cerebellum and on the movements of the shoulder joint. More recently he has made a detailed study of a presomite human embryo which has been of considerable value in confirming the work of others in the same field.

T. B. Johnston's fellow anatomists have recognised his eminence in choosing him as Vice-President of the Anatomical Society of Great Britain and Ireland, and as British delegate to the International Congress of Anatomists in Milan in 1936. He also has served the Society excellently in completing with Dixon and Jamieson the tedious work of revision of the anatomical terminology and has since acted as a member of the International Committee on the same subject.

It is, however, as a teacher and an author that T. B. Johnston has been so outstanding in his profession. His personality is still characteristic but those who have known him only in his later more mellow years can hardly realise the awed hush which would descend on the dissecting room on his entry. Past students will remember their inward quaking when confronted with a succession of structures hooked up on the aneurism needle with which he was invariably armed, and when asked repeatedly and apparently interminably, "And this is?" Nor will any who has heard it forget his courteous request to the late-comer to a lecture to "come down to the front, we have kept this seat specially for you." These are some of his foibles but the lucid simplicity of his teaching has set a standard which it is highly desirable should be maintained in the future. Those who do not know him well cannot realise that the easy spontaneity of his classes has a background of extremely careful preparation and that the few embryology slides shown at a lecture have been perused at considerable length the day before so as to be absolutely familiar for their presentation. Meticulous care is in fact the keynote of everything he does in the department. Moreover, until his other duties became such a burden every student was known well and his record and personality recalled with ease years afterwards.

His books are familiar to all, the Synopsis of Regional Anatomy having gone through six editions since 1921 and six editions of "Gray" having come from his hand.

When appointed Superintendent he still made time to spend in his department, and it was undoubtedly repugnant to him that he had to sacrifice his old love, Anatomy, to his new duties. He will retire knowing that it is his work which has built up the department to its present status and he may be sure that he will always be welcome in the place where he has given such devoted service for so many years.

Correspondence

Cooking in the Hostels

SIR,—The hospital provides accommodation for a large number of students, for which many in the past have been grateful. The necessity of providing one's own bookshelves and the absence of washing facilities on certain floors can be tolerated, but it is now time to disclose the ridiculous situation that has arisen from recent steps taken by the authorities, which make it impossible for Guy's students to live in their own hostels.

It can only be believed that the authorities are not aware of all the facts, certainly not the students' point of view; further, it would seem that they allow themselves to be guided in a disinterested manner by a power that has an affinity for causing continual outbursts of ill-feeling and disrupted harmony in otherwise pleasant communities. However, these are the facts.

A student may live in a small room, or have to live in a room too small for two, or finally, he may be one of the few and lucky who possess a more pleasant single room. He is expected to eat breakfast and dinner at the Spit, and for convenience, if not necessity, has lunch there also. This routine will bring his expenses up to £3 10*s*. a week for board and lodging alone. Many incomes might be able to cover that—we know many that will not—but we must emphasise that this £3 10*s*. a week is exclusive of laundry, boot-repairing, smoking, books, odd 'bus fares, and the few things necessary for life as a medical student. Difficult as this may seem, it is not the most vital issue.

Have you ever tried to live solely on the food provided by the Spit? Those of us who are living in the hostels have, and we find from experience, that it is impossible to do so. The food which is now provided is inadequate in amount and has, of necessity, been supplemented by cooking in the hostels.

The final insult has now been added, for this is no longer permitted; even the boiling of an egg is illegal. A student in one of the hostels, therefore, must be able to afford £3 10*s*. a week and is not able to supplement an inadequate diet without going to the Borough cafés, which involves him in considerable further expense.

It is surely the duty of those responsible for the hostels, to be concerned with the well-being of the students. It must be reasonable, therefore, to ask them to arrange for better and cheaper feeding facilities for these students, and in the meanwhile to allow cooking to continue.

Life in the hostels is hard enough—especially to those students who find it necessary to go and buy food, cook and wash up—without further curtailment of activity; that such a state of affairs should have arisen is only to be deplored, and this letter is written in the hope that it will stimulate the authorities to look into the matter.

Yours faithfully,

R. ASPINALL. M. P. M. COUPLAND. E. KILLEY.
J. E. BREESE. H. E. G. DYER. A. C. M. MANN.
D. G. CHALMERS. H. BOWEN PERKINS.

Sport

CRICKET

GUY'S *v.* ST. MARY'S

at Teddington. Won by 40 runs.
16th June, 1948.

When we met St. Mary's for the third time in the inter-hospitals cup, after two drawn games, we were determined to obtain a result. Once again we won the toss, and elected to bat. The conditions which our opening pair had to meet were by no means easy; there was just that little spot of early-morning moisture on the wicket, the light was not only bad at times but also was constantly changing, and Morbey, their captain and leading bowler, was bowling extremely well with the new ball. The stand in which Billingham and Blake shared for the first wicket was not large judged by the number of runs which they had on the board when Billingham was out for 26, but it was without doubt the cornerstone upon which our victory was built. Had this partnership been broken in its infancy there is no way of telling what damage Morbey might have done to the remainder of our batting, while he was getting help from the wicket, with a new ball and was still fresh. However, when Billingham was out at 50, the sting had gone from our opponents' attack, and Blake and Williams, who had now joined him, settled down to a partnership which realised 131 runs before Blake was bowled, having scored 109 in just under as many minutes. Accustomed as we are to seeing the runs flow from his bat, this innings was Blake's best as yet, and it is probably true to say that his knock on Wednesday was among the finest ever played for this hospital. To score a century in a cup match is a very fine achievement, but to make it well before lunch without even appearing to have to hurry is truly remarkable. No man can make 100, however, if there is no batsman to stay with him, and Williams at the other end was by no means a dormant companion. With Blake, and after he had gone, he batted with confidence which must have taken the heart out of the bowling, and before he was caught he had 45 runs to his credit.

After the departure of Williams the runs came more slowly, and from 186 for 3 wickets we went to 283 for 9 before the innings was declared closed. A feature of the Guy's innings against St. Mary's is always the everlasting attack which Morbey keeps up on our batsmen. He bowled 28 overs in this match, during which he took 4 of the nine wickets which fell, and the bowling he produced was of all speeds and types and from either end as the circumstances warranted, truly a thorn in the side of any opposing team.

Facing a total of 283, our opponents opened their innings confidently, and the runs were soon coming at a fair pace. First Robertson, and then Somper and Willis set about the bowling with a will, and with their score at 206 for 5 wickets, with Morbey still there the match appeared to be in grave danger from our point of view. In quick succession, however, fell the wickets of Hudson and Morbey, the first to Nicholson, and the latter to a very good ball from Russell, from which Blake snapped up a catch at the wicket. This brought the score to 235 for 7 wickets, and the whole state of the game had altered from one of danger to one which promised victory at last in this the third match in the first round of the cup. The remaining three wickets fell more cheaply than we had dared to expect, knowing from bitter experience how stubborn the last few Mary's wickets can be, and they were all out for the addition of only eight

more runs, bringing their total to 243. Nicholson, our captain, who did not play in the previous two games of this cup tie owing to an injury, demonstrated what a loss he had been to the side by taking 4 of their wickets for only 50 runs in a fine afternoon's bowling, O'Driscoll, Russell and Woodford sharing the remaining six wickets equally between them.

The result of the game was, of course, very satisfactory to us, but we must acknowledge what a fine fight St. Mary's put up in their effort to retain the cup which they won last year.

Whether we go on to win the cup or not it is unlikely that we shall have to fight harder than we had to against St. Mary's, and if we do win it I have little doubt that we shall have just as hard a time trying to hold it next year. Whatever the outcome, however, we have had three very fine and close games against St. Mary's, and we can go on to the remaining rounds with the knowledge that whether we win or lose we shall not meet a stronger side than that which we have already met.

Team: R. G. Nicholson (Captain), G. P. Billingham, E. W. Graham, J. D. Williams, H. M. C. O'Driscoll, P. S. Russell, M. C. Gilbert, J. F. Woodford, D. Blake, H. C. F. Meyer, H. R. Prentice.

RESULTS.

GUY'S *v.* METROPOLITAN POLICE

at H.O.P. Lost by 9 wickets.
19th June, 1948.

Innings of Guy's Hospital. Total: 108 for 10 wickets.
Metropolitan Police. 110 for 1 wicket.

GUY'S *v.* HORLICKS

at H.O.P. Lost by 31 runs.

Horlicks. 178 for 10 wickets (Whittaker 6 for 40).
Guy's. 147 for 10 wickets (Williams 49, Woodford 44).

INTER-HOSPITAL TENNIS CUP
(SEMI-FINAL)
GUY'S *v.* ST. MARY'S

After beating St. Thomas's in the second round by the odd match, Guy's to-day played St. Mary's in the semi-final of the tournament.

Play began at 11.30 a.m. with the usual atmosphere of tension and apprehension which accompanies any hospital cup match—no matter what the sport.

The six singles matches were completed before lunch, giving Guy's a lead of 4—2.

K. M. Hume lost to Lemon..	.. 4—6, 5—7
I. Kelsey-Fry beat Comerford	.. 6—4, 6—4
E. G. Searle beat Manley ..	.. 6—3, 6—4
C. H. Opie beat Elefthery ..	.. 6—3, 6—2
K. Chambers lost to Small ..	6—4, 5—7, 4—6
P. Hirsch beat Bennett	.. 6—2, 0—6, 7—5

Spurred on by success Guy's quickly went ahead to clinch the deal and won the next four doubles matches.

Hume and Searle beat Manley and Comerford	7—5, 6—3
Kelsey-Fry and Opie beat Manley and Comerford	6—0, 6—2
Kelsey-Fry and Opie beat Lemon and Elefthery	6—4, 6—4
Chambers and Rhys-Jones beat Small and Bennett	6—3, 6—4

These results gave us a total of 8 wins out of a possible 15 matches, and so we pass into the Final of the Tournament.

As yet we do not know who our opponents will be and we can only hope that that match will provide as pleasant a day's tennis and as gratifying a result as was provided by the semi-final.

L.T C.

Hospital Information, etc.

NOTICES

YORK CLINIC FOR PSYCHOLOGICAL MEDICINE, GUY'S HOSPITAL.

Applications are invited from qualified medical practitioners for the post of part-time Senior Assistant Medical Officer in the York Clinic for Psychological Medicine in Guy's Hospital.

The post carries a salary at the rate of £250 per annum, with full residential emoluments. The appointment will be for two years in the first instance, but this may be extended for further periods.

Applications in writing, with the names of two referees, should be submitted to: The Secretary of the York Clinic, Counting House, Guy's Hospital, London, S.E.1, and must be received not later than 14th July, 1948.

Applications are invited for the post of Resident House Physician from qualified medical practitioners who wish to take the Diploma in Psychological Medicine. Salary at the rate of £120 per annum, with full residential emoluments (this will be adjusted subsequently to the appropriate rate approved under the National Health Service). The appointment will be for a period of six months in the first instance and may be renewed for further such periods. Arrangements will be made for additional off duty for study.

Applications, with the names of two referees, should be sent to The Secretary, York Clinic, Counting House, Guy's Hospital, S.E.1, and must be received not later than 14th July, 1948.

DENTAL SOCIETY DANCE.

The Secretaries of the Dental Society wish to announce that the Annual Dance will be held at Grosvenor House, Park Lane, W.1, on Friday, 19th November. Music will be provided by Sidney Lipton and his Orchestra. Full Buffet. Evening dress. Tickets 25*s.* single.

B. S. SAUNDERS,
D. G. BUNKER,
Hon. Dance Secs.

The Minister of Health has appointed the following to serve on the Board of Governors of Guy's Hospital:—

The Rt. Hon. Lord Cunliffe (Chairman), for the period ending March 31st, 1951.

For the period ending March 31st, 1950: Sidney Bruce Askew; Alderman Robert H. Burslem, J.P.; Sir Herbert Lightfoot Eason, C.B., C.M.G.; Edward Victor Evans, O.B.E.; James Allan Gillison; Prof. Thomas Baillie Johnston, C.B.E., M.D.; Kenneth Ivor Julian; Henry Levitt; Prof. W. R. Spurrell, F.R.C.S.; Frederick Sidney Warner, F.D.S.

For the period ending March 31st, 1951: Hedley John Barnard Atkins, F.R.C.S.; Mrs. Elena Georgina Matilda Barlas; Mrs. Iris Brook; Conway Joseph Conway, K.C.; Sir Patrick Ashley Cooper; William Kelsey Fry, C.B.E., *M.C.*; Alderman Stanley Charles Camps Harris; Frederick John Oliver Prescott; Sir Charles Symonds, K.B.E., F.R.C.P.; Leslie Bowring Wimble.

For the period ending March 31st, 1952 : Edward Rowan Boland, C.B.E., F.R.C.P. ; Miss Margaret Mary Constance Burrows ; Reginald John Butterworth ; Charles Arthur Chadwyck-Healey, O.B.E. ; Sir John Conybeare, K.B.E., *M.C.*, F.R.C.P. ; Albert Bernard Kennedy ; William John de Wette Mullens, D.S.O., T.D. ; Alfred Talbot Rogers, M.B. ; Edward G. Slesinger, O.B.E., F.R.C.S.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Examiners for the ensuing year :—

Dental Surgery (*Surgical Section*) : Nils L. B. V. Eckhoff.

Associate Examiner for the L.D.S. (*Properties of Materials and Practical Dental Mechanics*) : E. Matthews.

Anatomy, Applied Physiology and Pathology for the Fellowship, Anatomy : J. Whillis. *Applied Physiology* : W. R. Spurrell.

Under the Examining Board in England :

Pathology : L. R. Broster.

The following were co-opted members of the Council for the ensuing year :—

A. D. Marston (*Anæsthetics*) ; Prof. R. V. Bradlaw (*Dental Surgery*).

BOARDS OF GOVERNORS OF TEACHING HOSPITALS (LONDON).

The undermentioned Guy's men are appointed by the Ministry of Health to the Board of Governors at the following hospitals :—

Westminster Hospital : G. T. Mullally, M.C., F.R.C.S.

Hammersmith, West London and St. Mark's Hospitals : Maurice Shaw, F.R.C.P.

Hospital for Sick Children : I. A. B. Cathie, M.D.

Royal National Throat, Nose and Ear Hospital : C. Gill-Carey, F.R.C.S.E.

Moorfields, Westminster and Central Eye Hospital : Frank Law, F.R.C.S.

Bethlem and Maudsley Hospitals : T. A. Munro, M.D.

Hospitals for Diseases of the Chest : Sir Bennett Hance, K.C.I.E., O.B.E., M.D. ; R. C. Brock, F.R.C.S. ; Clarence Rutter, M.R.C.S.

Royal National Orthopædic Hospital : A. T. Fripp, F.R.C.P.

National Heart Hospital : R. C. Brock, F.R.C.S. ; J. M. H. Campbell, O.B.E., F.R.C.P.

St. Peter's and St. Paul's Hospitals : C. H. Mills, M.R.C.S.

London Hospital : D. W. C. Northfield, F.R.C.S.

Charing Cross Hospital : L. R. Broster, O.B.E., F.R.C.S.

Queen Charlotte's and Chelsea Hospitals : Frank Cook, F.R.C.S.

Eastman Dental Clinic : Prof. W. E. Herbert, M.R.C.S., F.D.S. ; William Kelsey Fry, C.B.E., M.C., F.D.S.

PASS LIST

UNIVERSITY OF CAMBRIDGE.

FINAL M.B. EXAMINATION.

Easter Term, 1948.

Part I.—Surgery, Midwifery and Gynæcology.

R. D. Allen. P. J. Higgins.

UNIVERSITY OF CAMBRIDGE.

M.D.

F. M. P. Eckstein Hugh Stott

M.B., B.Chir.

J. P. M. Bensted

CONJOINT BOARD.

L.R.C.P., M.R.C.S.

June, 1948

Chemistry Physics and Elementary Biology.

A. Allison	A. E. Milne
D. E. Blake	C. W. H. Moore
E. F. Bosson	E. P. Reynolds
S. W. Edworthy	C. F. M. Robinson
D. R. Habberfield-Bateman	A. J. M. Scoones
H. J. Halestrap	J. W. Sharpe
A. F. Jones	J. M. Turner

Chemistry and Physics.

J. D. Anderson	A. M. Williams
P. N. Dawson	

Physics and Elementary Biology.

F. L. Coker	A. T. Tarrant
R. F. Hall	D. J. Timms
D. M. E. Jennings	F. H. Trist
A. B. Grantley-Smith	G. A. Watkins

Physics.

F. L. Brown	M. F. Jones
B. S. H. Cornhill	J. T. Williams
G. R. B. Ingram	

Elementary Biology.

S. L. Hewitt	A. G. Prince
R. H. Pownall	

PAPERS BY GUY'S MEN

Brock, R. C. Re-current and Chronic Spontaneous Pneumothorax. *Thorax*, 1948, **5**, 88.

Lunn, H. F. The Anatomy of Inguinal Hernia. *Annals. R. Coll. Surg., Eng.*, 1948, **2**, 285.

Lane-Roberts, C. S. An Approach to the Investigation and Treatment of the Subfertile Couple. *Med. Pr.*, 1948, **219**, 847.

Parsonage, M. J., and Another. Neuralgic Amyotrophy : The Shoulder-girdle Syndrome. *Lancet*, 1948, i, 973.

BIRTHDAY HONOURS.

K.B.E. (*Military Division*)

Air Vice-Marshall A. F. Rook, C.B., O.B.E., F.R.C.P.

A.R.R.C.

Miss Joan Howe

CHANGES OF ADDRESS

Paul C. J. Crisp, Croft House, Bourne Hill, Salisbury, Wilts. (Tel. : Salisbury 4000.)

C. H. Kinder, M.B., B.Ch., 183, Ladbroke Grove, W.10. (Tel. : Lad. 1833.)

BIRTHS

CRABTREE.—On 10th June, 1948, in Exeter, to Jane (née Cory) and Jim Crabtree, M.B., B.Ch.—a daughter (Briony Margaret).

EASTES.—On 24th June, 1948, at Guy's Hospital, to Marjorie (nee Lee) wife of C. N. d'E. Eastes, M.B., B.S.—a daughter.

HODSON.—On May 31st, 1948, to Marjorie (née Kingston), wife of R. F. Hodson—a son (Philip Charles Addison).

MANDEVILLE.—On June 7th, 1948, to Felicity (née Bartha), wife of Franz-Josef Mandeville—a son (Robert Stefan).

O'KEEFFE.—On June 12th, 1948, at Guy's Hospital, to Isobel (née McNeill), wife of Declan O'Keeffe, M.B., B.S.—a son (Declan Barry).

MARRIAGES

KINDER—DEBENHAM.—On June 5th, 1948, in Cambridge, C. H. Kinder, M.B., B.Ch., to Miss A. M. Debenham.

PETT—MILLER.—On June 5th, 1948, at Hove Parish Church, Basil Warwick Pett, B.D.S. (Lond.), youngest son of Mr. and Mrs. H. Milburn Pett, Hove, to Marfaret Marion Aline, elder daughter of Mr. and Mrs. Stanley Miller, Hove.

Eds. {H.A.R. R.A.K-E.

GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

PUBLISHED FORTNIGHTLY

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PASSIM

" THE TIME IS NYE."

WE feel that the advent of " State Medicine " (as it has become so universally termed) should not be allowed to pass without comment. Guy's men and women the world over, must, we imagine, be interested to know, " How goes it with the old place ? What does it feel like to be State Controlled ? " As a matter of fact, we hardly know—yet.

Our new master, having acceded to enormous power since the dawn of July 5th, is making no small noise to show his subordinates what he thinks of them. Many of us, being Anglo-Saxon, are consequently bovine, and even more of us perhaps are of a lower order of animal life still—lower than vermin. We can't say we really mind. We are not quite sure as yet in which species of vermin we are classified. But beefy or lousy, we scratch along in much the same way as we did a week or two ago, before we received this gratuitous advice as to our position in the new order of the animal kingdom. For the time being we'll get on with the work and leave " the boss " to do the talking.

So far there has been no noticeable increase of attendance at the out-patient clinics. From what we hear, it is at present the General Practitioner who is noticing the rise of tide, for whereas the bottles of liquid paraffin and lung syrup with which the borough dears were wont to oil their cogs used to come from the chemist by the age old English custom of payment, they are now being obtained by queue and demand at the doctor's surgery.

Two people, we find, have been working overtime, the Superintendent and the Clerk to the Governors. The deluge of paper is now in full descent, but the inundation is such that not a great deal has come through to the lower levels yet. However, to give an idea of what is on the way, we print below the directive relating to the issue of certificates " stating that a patient is in hospital, or has been discharged from hospital, or that he is attending out-patients and is fit or unfit for work."

It is our opinion that this is an admirable attempt on the part of the Hospital Authorities to meet the demands of the complexity of certification under the scheme. None the less, it will be regarded by many as a sign of the shape of things to come.

" All present forms of Certificate . . . will be withdrawn.

The standard forms of Certificate issued by the Ministry of Health, which consist of a first, an intermediate and a final Certificate, will be used.

It is necessary for these Certificates to be filled in and signed by both patient and doctor, and it is felt that it will simplify matters if books of Certificates are not issued to Wards and Departments, but are kept, in the case of In-patients, in the Superintendent's Office, and in the case of Out-patients, in the Almoner's Office.

The procedure in the case of *In-patients* will be that a Clerk from the Superintendent's Office will fill in the Certificate, which will then be handed to the Ward Sister for signature by the Medical Officer concerned. In the case of *Out-patients*, if a Certificate is required, the member of the Medical Staff concerned will put the patient's name on an Almoner's yellow slip with a request for a Certificate and sign it. The patient will

then take this slip to the Almoner's Clerk, the Certificate will be completed and brought back to the member of the Staff for signature. The Almoner's Clerk will pin the yellow slip to the Certificate so that the member of the Staff knows that he has granted such a Certificate."

ON the 9th July the Second Addison Leeture was delivered by Professor Edwin B. Astwood of Tufts Medical School, Boston. The subject was the Medical Treatment of Hyperthyroidism, and the large audience which filled the Physiology Theatre was treated to a remarkable description of the progress made in anti-thyroid therapeutics, by a man who has himself been in the forefront of the advance. Sir Charles Harrington, who has also made great contributions to the understanding of thyroid physiology, was in the chair.

ON Tuesday, July 6th, Dr. Cattell of the Lahey Clinic, Boston, visited Guy's and performed a thyroidectomy and gastrectomy before a large audience, amongst whom were many distinguished visitors from other hospitals in London, and on the Saturday following he conducted a routine Surgical Departmental round, demonstrating, amongst other cases, ulcerative colitis and gastro-colic fistula.

We were very fortunate in securing Dr. Cattell for Guy's, as this was the only hospital where he worked or demonstrated, and it is to be hoped that our surgical horizon will continue to be enlarged in this way by the visits of distinguished surgeons from abroad.

WE would like to congratulate Matron on being re-elected, and Miss Opie, now Matron of King's College Hospital, on being elected to the Council of the Royal College of Nursing.

Small Intestine Insufficiency

A Clinical Lecture delivered by Dr. C. HARDWICK, M.D., F.R.C.P.

GENTLEMEN,—The following case history has been reported before*, but it merits repetition.

A storekeeper, aged forty-six, had been well, save for a trivial dyspepsia, throughout the first forty years of his life. He came under observation in January, 1940. In February, 1935, he had had a sudden attack of abdominal pain, with diarrhœa and vomiting. The abdomen was opened and pus evacuated, without any obvious lesion being discovered. He made an imperfect recovery and a month later had pain and abdominal distension. The abdomen was again opened and a dilated loop of bowel anastomosed with a collapsed loop. He made a good recovery and was very well for four years.

In June, 1939, he began to complain of fatigue. His tongue became very sore, and he lost his sense of taste. He began to lose weight. In September, 1939, the loss of weight was continuing and the mouth very sore; he consulted a dermatologist, who gave him large doses of nicotinic acid, which practically cured the sore mouth. Loss of weight was now accompanied by frequent bulky motions; tingling of the hands and feet followed; and there was occasional vomiting.

Examination showed a pale wasted man with a tongue that was atrophic and reddened. The abdomen was distended. There was tetany and both Chvostek's and Trousseau's signs were positive.

Investigations revealed the following manifestations. Fatty stools, with 56 per cent. of total fat, of which 41 per cent. was split. Macrocytic anæmia, red cells 3.2 millions, hæmoglobin 75 per cent., mean corpuscular diameter 8.4μ. Blood calcium 8.00 mgm. per 100 mil. Glucose tolerance test gave a low but not absolutely flat curve. Fractional test meal gave normal results. Wasserman reaction negative.

This clinical picture was clearly indistinguishable from that of either non-tropical sprue or idiopathic steatorrhœa. That this was not the case was suggested by radio-

graphy of the upper alimentary tract which showed that the upper jejunum had been anastomosed to the ascending colon. Proof that this short-circuit, which had almost completely removed the functions of the small intestine, was responsible for producing these symptoms was obtained when an operation to restore the normal continuity of the bowel resulted in complete cure.

This patient, therefore, demonstrates in a way that could not be surpassed, even by deliberate vivisection, the mechanism by which the symptoms of those disorders which are characterised by steatorrhœa are produced. They are all examples of insufficiency of the small intestine—chronic jejuno-ileal insufficiency. This conception does not, however, explain what causes the insufficiency of the small intestine—it answer the question "How?" but not "Why?"

This term "small intestine insufficiency" is in keeping with the rest of medical nomenclature and in particular with such terms as renal insufficiency or cardiac insufficiency. Just as "cardiac insufficiency" has not a single pathology but is a syndrome with many different ætiologies varying from rheumatism to coronary disease, so small intestine insufficiency may be produced in various ways.

The small intestine secretes succus entericus and it absorbs the products of digestion of all kinds of foodstuffs. Here in tabular form are the upsets which might be anticipated and which are in fact found when its functions are in abeyance.

DEFECTIVE FACTOR.	EFFECTS.
1. Secretion of succus entericus.	Meteorism and frothy stools.
2. Absorption of:—	
Protein	Occasional low values of blood nitrogen and plasma proteins.
Fat	Wasting and steatorrhœa.
Carbohydrate	Wasting and flat glucose—tolerance curve.
Calcium	Hypocalcæmia, tetany, and non-calcification of bone.
Iron	Hypochromic anæmia.
Anti-pernicious anæmia factor	Macrocytic anæmia.
Vitamin A	Occasional xerophthalmia and toad-skin.
Vitamin B complex	Anæmia, sore tongue, and anosmia.
Vitamin D	Rickets.
Vitamin E	Sterility and infantilism.
Vitamins K & P	Hæmorrhages.

Three cardinal symptoms, fatty diarrhœa, wasting and anæmia occur regularly in this syndrome.

The motions are always increased in bulk and usually in number, although in a long-standing case there may be a compensatory dilatation of the colon so that the daily average is not increased. The motions are pale and, as Gee said of cœliac stools, of the consistency of porridge. When the syndrome occurs in the tropics as sprue, the motions are more liquid and frothy and their consistency has been compared with soda water. It is an excess of normally split fat which gives the stools their characteristic appearance. Analysis of a single specimen may show as much as seventy per cent. of the dried weight to be fat. The dried weight of the stool, however, will vary considerably according to the amount of unabsorbed residue in the diet and it is possible, therefore, for there

to be steatorrhœa with a normal fæcal fat estimation. A more accurate picture is given by estimating the percentage of the ingested fat which is absorbed. If this is less than 90 per cent. then insufficiency of the small intestine is present.

Wasting is a direct consequence of the failure of the intestine to absorb not only fat but all substances which are essential for satisfactory nutrition. These patients starve in the midst of plenty. It occurs early, and loss of subcutaneous fat is the most noticeable feature but in a long continued case there is much muscle wasting as well.

Anæmia may take some time to develop and again its appearance is conditioned by deficiencies in absorption. If iron is short then the anæmia is microcytic and this is the commonest finding in children. If, however, the elaboration of the hæmatinic principle is at fault, then there is a macrocytic anæmia.

The disorders which may produce this syndrome may conveniently be considered under the following headings :—

Congenital : i in children, cœliac disease.
ii in adults, idiopathic steatorrhœa.

Acquired : i tropical sprue.
ii non-tropical sprue.

Mechanical : i as a result of operations on the intestinal tract.
ii as a result of strictures of the intestinal tract.
iii as a result of interference with absorption from the intestine by such things as tuberculosis, lymphosarcoma and Hodgkin's disease.

Cœliac disease occurs in young children, affecting girls more frequently than boys. Symptoms may begin at about nine months—at a time when weaning is in progress and an easy explanation can be found for any digestive upset. Thus it is that the disorder is not usually diagnosed until 18 months or two years of age. The child is then found to be wasted and dwarfed with a protuberant belly.

Early in the disease before growth has ceased, in remissions when growth recommences and in relatively mild cases in whom growth never ceases, florrid rickets occurs. In severe cœliac disease when growth entirely ceases, extreme osteoporosis only is found. Cœliac disease is a serious malady and one-third of the children die. One-third pass into a quiescent stage and declare themselves years later as examples of idiopathic steatorrhœa. One-third make a complete recovery and then only after years of severe illness requiring the most patient and intelligent nursing.

Sprue is pre-eminently a disease of Europeans who have been resident east of Suez. It was thought that a long stay in an endemic area was essential for its development, and in some instances it did not occur until many years after the sufferer had returned to this country. During this war, however, many cases occurred within a few weeks of arrival in India or Burma. In many the disease was recognised before the full picture had developed, but in all there was diarrhœa with much loss of weight and usually a sore tongue. Most of these patients responded satisfactorily to a therapeutic regime and in those studied after their return to this country the recovery appeared to have been complete.

Sometimes a disease, almost indistinguishable from tropical sprue, occurs in sufferers who have never been abroad and in whom there is solid evidence of perfect health in infancy and adolescence. Like sprue, the response to treatment is satisfactory but until our knowledge of the actual causation of sprue is complete it is useful to retain the term " non-tropical sprue " for these rare cases.

Treatment of this disorder is disappointing. As has been said it must be prolonged, and requires skilful nursing as well as judicious medical care.

The fat in the diet must be reduced but all the vitamins, especially the B group, and all the minerals, especially iron and calcium must be added. Injections of a crude liver extract should always be given and in tropical sprue they appear to be especially valuable. Recently, favourable reports have been made about the use of folic acid in cœliac disease and idiopathic steatorrhœa, but the duration of both these conditions is usually measured in years rather than months and natural remissions are by no means uncommon, so that it is too early to estimate its real value.

* Bennett, T. I. ; Hardwick, C., 1940. *Lancet* 2.

Glimpses of the Unorthodox—II.

VICISSITUDES OF THE LUMBAR VERTEBRAE.

By HENRY THE EPICUREAN.

LAYING her finger nicely on the space between the last lumbar vertebra and the sacrum Candida explained that it was there that her back ached. A poet surveying that dazzling shape would extol it in verse, a painter transfer it to canvas (and when I say painter I mean painter and not yon fellows with their daubs and smudges filling space that might be better occupied) and a physician would want to ransome such beauty from all ill. The wish seemed easy of accomplishment, for has not one had fortunate association with the cognomen Crispus?

"You must not lift anything."

Candida was quite ready not to lift anything.

"Do not bend; or if it is absolutely necessary to bend, bend very slowly and carefully."

Candida indicated that the injunction was in harmony with her feelings.

"Keep yourself upright and your back well arched. When you sit, sit erect: when you walk, walk superbly."

Candida took this for a bright sally. "I should need a Spirella," she said. Knowing what a Spirella is I thought it likely that if Candida took her own advice, she would find herself automatically following mine.

Then my mind travelled into the past. Candida's little jest brought to memory certain advertisements that would appear long ago in the illustrated papers of "Pretty Polly Corsets for Training Girls' Figures." There was the damsel duly arrayed, and between her lips she held a little pipe, wherewith she fluted to a parrot held before her on a wooden perch. How symbolic of a luxurious life, idle and restricted in range, but cheerful and easy-going! "Pretty Polly" never bent if she could help it. When she must, she did it from her hips with her lumbar vertebrae immobile, and at this moment the tips of her whale-bones would run into her epigastrium in a rather uncomfortable and discouraging way. The result was that her exercise was limited. She looked charming with a punt-pole, she could pull the rudder-lines or even occasionally a tow-rope, but she could not scull. She played croquet, settling the ball with her foot and striking it with a long-handled mallet, and she cultivated archery, both being pursuits that showed off her figure and did not require her to bend. Later she took to tennis, but the way she played it would surprise you now. She stood on the back line and lobbed the balls over, and when she came to serve it was the duty of the male to pick up the balls and lay them on her racket. She played little golf, but on a few links there was a separate Ladies' Course with short holes suitable to a restricted swing. In her garden she was an elegant creature and an artist. Never now are there such gardens as hers! It is there that I like to think of her best. But though she designed and directed and herself graced and adorned, others did nearly all the work. She sailed along rather than walked, with sweet silky rustlings. In her drawing-room or in her carriage she sat always proudly upright. She must, you would think, have been a little uncomfortable, but she did not mind, in fact probably liked it. She did however suffer from constipation, partly on account of dyschezia and partly on account of the incarceration of her abdominal muscles. As a result of this and of lack of exercise she had headaches. But one thing from which the "Pretty Pollies" of those days rarely suffered was injury to the intervertebral joints in the lumbar region: they never used them.

It is said of her now that she had a style: she had, but was it a good one? It is only necessary to put a representation of her in her voluminous garments beside an artist's conception of a woman clad in a way that sets off her beauty, or simply unclad, to see that the style was really a titillation, not æsthically good nor permanently satisfying. It was meant both to draw you on and to keep you at a distance, to fill you simultaneously with desire and with awe. The bipolar effect soon became tiresome. In recent revivals of plays of the period, which have been deservedly successful, she has been adroitly made to look attractive, but in reality the charm soon died out. We are home-sick now for those happy, high-spirited days, but need not covet their mistakes as well as their excellences. In "You Never Can Tell," a revival which I enjoyed very much, a character speaks of Nature taking up her children by the scruffs of their necks and using them for her own purpose. The phrase itself suggests the difficulties that were put in Nature's way. She failed often enough even to do that much: women were so utterly artificial. Novelists of the day, such as Henry Seton Merriman, would let off epigrams like fireworks about what the creatures do or do not, as though their behaviour were

both uniform and incomprehensible. An actor had but to utter the words, " The man who says he can understand a woman . . .," and the rest of his sentence was lost in laughter and applause. Then she was not supposed to have any reasoning faculty. If she put forth a proposition that was right, the feat was due to her wonderful " feminine instinct " ; if wrong, the mistake was passed over, for she was but a woman. Her credit was as easy as a quack's.

Then suddenly she disappeared. There was no gradual fading away, but a complete and rapid extinction. In a moment, in the twinkling of an eye, " Pretty Polly " was no more. Woman had stepped out of her encumbering skirts and cast off her corset, collar, cuffs, shiny waist-band, chignon, fichu and all other impediments and transformed herself into an entirely new person. In March, 1909, I was treating myself to a little dinner and a bottle of wine in Buol's restaurant, Oxford, after an examination, and there I saw the last girl in a long, full skirt with a tight waist, rather fittingly I thought, for Oxford was then called " The City of Lost Causes." It is something to have seen the metamorphosis and known what it meant. The gain to woman was enormous : the advantage to men just as gerat. Instead of an irresponsible, unpredictable creature he had a real comrade and a trusty friend ; instead of a being whose thought was so little and conversation so poor that a dog or a cat were often better company, he found a lively new companion who could share in his pursuits and enter into his ideas, but always with an interesting shade of difference. He could talk to her on any subject within the bounds of good manners ; he could now even mention such a word as stomach without shocking her. Only those who had the experience can know the heartfelt relief it brought. Then again, he shared at last the privilege of all other vertebrates of being able to admire the beautiful form of his beloved, " all but the essentials " as an actress put it, whereas before nothing of her could be descried but the face, neck, shoulders, arms, and a rather surprising amount of bosom on special occasions, all the rest being completely occluded and variously distorted in outline by the " creations " of the dress-designers. This was undoubtedly a wholesome change. There were faults, too. Excellences could be exaggerated until they became vices. Girls mimicked schoolboys in language and manners and even in appearance, dignity was sometimes lost, and an unwholesome jealousy of man was not seldom disclosed as a burning motive, usually in the breasts of those who owned the loudest voices. There was a great deal too much " masculinizing." The error still clings, and sometimes one feels that woman has not yet quite found her path.

When one considers the immense gain that this emancipation brought, it is slightly disconcerting to note the erroneously called " New Look," only an old look partly revived. There they are again, the pinched-in waists and long, flapping skirts ! How clumsy ! Is Woman looking backwards, hankering after obsolete ideas, that it entices to incommode oneself, that it allures to cover up ? Well, it would not surprise me, for the zenith of our civilization may have been passed. At any rate there would be two compensations: there would be less lumbago, and not through the trousers should we discern what a nurse called " the butox."

Guy's Diary

JULY

ACADEMIC

July

19th. Exhibition. Surgical Dept. " Testicular Swellings."
5.00. Post-graduate Lecture. Dr. D. G. Vulliamy. " Anæmia in Childhood." Diplock.

20th. Clinical Lecture. Mr. Blackburn. " Acute Intestinal Obstruction."

21st. 2.30. Post-graduate Revision Lecture in Anæsthesia. Dr. Marston. Chinical Th. (Surgical Block).

22nd. 12.00. Dental Clinical Lecture. Mr. J. W. Mansie. " Conservation of Teeth." Dental Theatre.
1.00. Clinical Lecture. Dr. Hardwick.
4.30. X-ray Meeting. Gordon Museum.

23rd. 1.00. Clinical Lecture. Mr. Brock. " Swellings in the Chest Wall."

26th. 1.00. Clinical Lecture. Dr. Rink. " Respiratory Obstruction."
3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.
5.00. Post-graduate Lecture. Dr. F. N. Jackson. " Clinical Pathology in Diarrhœa in Childhood." Diplock.

27th. 12.00. Neurological Demonstration. Dr. McArdle. Preclinical Classroom.
1.00. Clinical Lecture. Sir Heneage Ogilvie.

28th. 2.30. Postgraduate Revision Lecture in Anæsthesia. Dr. Marston. Clinical Th. (Surgical Block).

29th. 4.30. X-ray Meeting. Gordon Museum.

SPORT

18th. 2.30. Cricket XI. *v.* Buccaneers (H.O.P.).

20th. Tennis Club *v.* Cheam (Away).

24th. 2.30. Cricket XI. *v.* Finchley (H.O.P.).
Tennis Club *v.* Sundridge (H.O.P.).

28th. 11.0. Cricket XI. *v.* Middlesex Hospital (Cup Semi-final) (H.O.P.).

31st. 11.30. Cricket XI. *v.* Horlicks (Away).

The Ship and Shovel

THERE is an old oak tree in Great Maze Pond just slightly to the north of the College which marks the site of the old "Ship and Shovel," the haunt for generations of the students of Guy's and St. Thomas's Hospitals, when the latter was situated in the Borough.

Many of the old Borough and Southwark inns are better known to the general public on account of their associations with the great Naval Commanders, the Canterbury Pilgrims, and Dickens, but none of them conjure up like this haunt of residents and students of two famous hospitals from time immemorial. It is recorded that there were visions of pleasant fields and meadows, bleating sheep and browsing kine, shady walks, a clear stream spanned by a stone bridge, a monster labyrinth of a maze, and a stretch of ornamental water with ducks and swans, the existence of which is perpetuated by the street Maze Pond, a thoroughfare which runs between the College and Zetland House.

Visitors in the seventeenth century were attracted to the inn because of their keen taste for home-brewed ale and fresh crabs, which in the form of sandwiches was for many years the speciality of the élite, before the arches of the two great railway stations, and the warehouses, blotted out the river view from Tooley Street and St. Thomas's Street. Among the many eminent and famous frequenters who had their own special brew were Sir Cloudesley Shovel and Sir Colin Campbell. This was proved by the fact that there existed in the bar two brass taps fitted on to brass plates with one bearing the name of Sir Cloudesley Shovel with the figure 6 over it, and the other the name of Sir Colin Campbell bearing the figure 8.

Sir Clowdisley Shovell (to give him the correct spelling as described in the Dictionary of National Biography, although it has been stated that his christian name was spelt in twenty-five different ways) became a famous Admiral and took part in many successful naval engagements. He first went to sea in 1664, at fourteen years of age under the care of his countryman, Sir Christopher Myngs. He was nominated major of the first regiment of Marines, and in 1692 made Lieut. Colonel, becoming in 1698 Colonel of the second regiment of Marines. He represented Rochester in Parliament from 1698 till his death in 1707, at the age of 57. His body was embalmed at Plymouth and afterwards removed to London to be buried in Westminster Abbey, where an elaborate monument was erected to Sir Clowdisley Shovell's memory.

This snug little inn had a great fascination for Sir Clowdisley when on land, and after a while, thinking fit to play the part of "Mine Host," in cherished possession, he familiarly referred to it as *his* ship. At one time this old inn was called the "Pig and Whistle," and probably changed its name on the death of Sir Clowdisley in 1707. There is no doubt that, far from making a special appeal to men connected with barges and

small river craft, in alluding to the shovels used for taking in or removing ships ballast, the " Ship and Shovel " really perpetuated the memory of the famous Admiral. Therefore, it appears that out of sheer veneration for another of England's naval worthies the time-honoured " Pig and Whistle " assumed the fresh sign of " The Ship and Shovel."

In 1936, an evening newspaper created a mild surprise when it announced that the " Ship and Shovel " was to be demolished. It was known that Maze Pond had been condemned and most of the houses in the alley by the side of the inn would be pulled down but this newspaper published the news that the ground lease was about to lapse and the " Ship " was in danger of being demolished. That this was not the case was shown by the fact that on the outbreak of war in 1939 it was being entirely re-built and modernised. Many of the old characteristics had been preserved but the general opinion was that it did not retain its old antiquarian interest which few, if any, of the old inns in the Metropolitan Area could surpass.

The same newspaper stated that the name of the inn was originally the " Ship and Sir Cloudesley Shovel," but careful enquiries have failed to trace whether it ever entertained under that sign. It may have been known as such locally but by Guy's Men it was always referred to as " The Ship."

Many stories have been told about the old inn and no doubt scores more could be unfolded. There appears in Wilks' and Bettany's History of Guy's a reference to a gate leading to Maze Pond, " The nearest way to the ' Ship and Shovel,' " so that between it and the dissecting room a continuous stream of pots of " half-and-half " might be seen to pass during working hours of the day. Elsewhere one reads : " Dr. Addison used to take the students in a semi-serious amateur sort of walk to the Botanic Gardens by the ' Ship and Shovel ' east of Guy's."

The bombing of London during the war caused many lovers of old London a feeling of anguish as one after the other famous buildings of historical interest began to disappear under the terrific onslaught. Such devastation had not been witnessed since the great fire of 1666. And so it came to pass that the " Ship and Shovel " was razed to the ground by fire on the evening of 29th Decemner, 1940. Practically everything associated with the past was destroyed, but among the valuables saved was an old round table which was deposited in a safe place at the hospital. This table was kept in the " Doctor's Room " of the " Ship " and was treasured by Guy's Men probably more than anything connected with the inn. It had been customary for those passing their final examinations to carve their initials on the table in celebration of the event. The table itself was the property of the last tenants, but it is extremely doubtful whether it will ever again grace the precincts of the " Doctor's Room " as it is almost certain that the " Ship and Shovel " will never be re-built. If it were to be, it could never have the same interest as the old inn, associated as it was with generations of Guy's and St. Thomas's Men.

G.A.R.W.

T. J. Evans, M.A.

AN APPRECIATION

IN April, 1948, Mr. T. J. Evans ended his appointment as Lecturer in Biology after thirty-four years of service to Guy's Hospital Medical School. This rather bald statement records the departure from Guy's of a very lovable personality whose influence has been exerted over several generations of students, many of whom owe him a very great personal debt of gratitude for the guidance he gave to their halting footsteps.

T.J.E. will be remembered for many reasons. Those who were newcomers to Biology will remember the thrill of his lectures as the new subject unfolded : others will think of the patience and individual attention he always would give to the lame ducks in his class : whilst others will remember his great interest in all student activities, particularly football, boxing and debating. His colleagues will remember his love of music and of fine china, his devotion to good English prose and to wild Welsh lyrics and his habit of making notes on the back of cigarette packets. But the qualities which

really won him his place in our affection were his simplicity and sympathy, characteristics which were the inheritance of his childhood and which did not age as the years passed by.

He was born in a little village in Cardiganshire, two miles from the sea and fifteen miles from the railway (the village is almost as remote to-day) and although he has wandered far in his seventy odd years of varied activity, his spirit has never left that village and his body has constantly returned there for refreshment. The simple life of this remote village, nestling in the heart of the Welsh country-side, brough. the boy into very intimate contact with Nature. A local school master, who must have been of unusual talents, fired his interest in classical and scientific knowledge. These two early influences have left their lasting mark upon him and provide the key to the man we know so well.

After a rather varied teaching experience in arts and science, T.J.E. was appointed Lecturer in Biology at Guy's in 1914. World War I. gave him his first experience of the disruption of academic calm which was to become so great in his later years. Between the wars his work was carried out in an unspectacular fashion but he rapidly accumulated a great fund of knowledge of the genus "student," and this knowledge his colleagues soon learned to appreciate. When in 1937 Professor Johnston became Superintendent, the School recognised the firm position T.J.E. had established in the life of the School by appointing him as Dean. And then the storm broke.

It seemed very unfair that a simple peace-loving individual, whose period of quiet faithful service was drawing to a close, should have been snatched from the academic calm of his laboratory, books and music and pitched into the maelstrom of World War II. The organisation of the E.M.S. spread the responsibility of Guy's over Sector 10, stretching from the parent hospital out into Kent, and the School did its best to conform to this plan by a corresponding distribution of its students and teachers. The burden of this spreading of the School fell upon T.J.E. and he faced it without complaint. For the distribution and control of students in the clinical period he was aided by a number of local Sub-Deans, whilst he assumed the main responsibility for the pre-clinical years. These he took down to Tunbridge Wells, where he created a completely new school which operated successfully till its return to Guy's in 1943. This achievement was unique in that Guy's was the only London Medical School that preserved its complete independence and integrity throughout the war years.

These years must have been very arduous for him. Travelling back and fro between London, Farnborough and Tunbridge Wells, in blitz and black-out, long committees, lonely decisions and the constant sense of urgency must have imposed a great strain. Yet he really enjoyed it and was genuinely sorry when the time came for him to leave his war-time H.Q. at Rookley, Tunbridge Wells.

At Tunbridge Wells life became very intimate as between teaching staff, students and laboratory staff and T.J.E. was ready to enter into any activity for which he had time to spare. His study was not safe from the intrusion of visitors, all day and well on into the night. His advice was readily given on all matters, academic or personal. His gramophone records were available for the music lover. He even acted as judge at the School Horticultural Show, and kept his tennis lawn cut and weeded.

Then in 1943 the pre-clinical departments returned to London in time for V. I and V. II. Now his days were occupied with repairing and planning in the disturbing atmosphere of that period. T.J.E. carried on but began to show some signs of fatigue which was not surprising considering that he was 70 years of age and essentially a man of peace. In 1945 he handed over the Deanship with, one imagines, a deep sigh of relief and returned to the peace of his own department, which he finally vacated in April of this year.

Of course, T.J.E. hasn't stopped work; he never will; he has merely transferred his activities from the barbarians of Guy's Medical School to the more peaceful denizens of the Zoo. From now on he can hold heart to heart talks at midnight with the owls or the eagles and they won't split infinitives nor mishandle prepositions. We wish him good luck in his new surroundings and thank him for all that he did for this Medical School in times of peace and war.

W.R.S.

Correspondence

"Labled by Townsend"

SIR,—I feel compelled to write to restore the famous name of Joseph Towne, modeller in wax to the Hospital for 40 years, artist of accuracy in both mould and letter, as the author of the remarkable waxes in the Gordon Museum. His name appeared to be in danger of immersion under the "higgildy-piggildy" collection of "unlabled" specimens "designed" by "Townsend" whom Passim raised to this hollow and illiterate dignity on July 3rd.

A short biography of Joseph Towne by G. A. R. Winston hangs in the Gordon Museum framed by the modelled skeleton which he brought to Sir Astley Cooper as an example of his work, and this is flanked by other examples of his skill taken from various fields. The anatomical section contains his dissection models, and the skin section the world famous models of skin disease, labelled by number and catalogued. They are described in the English which distinguished our fathers.

I am,
Yours, etc.,
KEITH SIMPSON.

Gordon Museum,
Guy's Hospital.

(We apologise for the slip. Only last year we published a short biography of J. Towne, by Mr. Winston, in this Journal.—ED.)

South African Visit

SIR,—During our recent visit to South Africa, Guy's reunion dinners were held in Cape Town, Port Elizabeth, Durban and Johannesburg. In addition, we met five old Guy's men during a short stop at the aerodrome at East London. In Southern Rhodesia a party was given at Bulawayo by Dr. E. M. B. West, at which several old Guy's men were present.

It might be of interest to your readers to see the enclosed list of Guy's men we met on these occasions.

We must apologise if the lists are not complete as in most cases the names have had to be deciphered from pencilled signatures on menu cards.

May we take this opportunity of thanking those many friends who gave us their hospitality during our tour, and especially J. C. Gie in Cape Town, F. Bekker in Port Elizabeth, A. C. Copley and J. A. L. Leeming in Durban, L. S. Williams, G. D. Shaw and A. E. Strawbaun in Johannesburg, and E. M. B. West in Bulawayo, who arranged the dinners, booked our accommodation, and generally organised our entertainment in the various centres.

We are,
Yours, etc.,
J. J. CONYBEARE.
W. D. DOHERTY.

CAPE TOWN.

Medical.

Babrow, L. (1939)
Berman, S. (1924)
Currie, J. A. (1923)
Davies, D. S. (1922)
Durr, J. M. (1932)
Fichardt, T. (1933)
Hurwitz, I. M. (1924)
Irving, J. T. (1931)
Jowell, A. I. (1924) (1924)
Levit, H. (1924)
Gie, J. C. (1917)
Liberman, E. I. (1924)
Marais, C. A. (1922)
Martin, G. A. (1924)
McDonald, R. (1934)
Moffatt, H. A. (1895)
Murray, C. M. (1904)
Myburgh, A. L. (1937)
Pickering, R. W. (1932)
Shore, S. C. (1937)
Sichel, G. R. M. (1942)
Ziervogel, C. F. (1943)

PORT ELIZABETH.

Medical.

Bekker, F. W. (1922)
Craib, W. H. (1923)
Dyke, R. A. Moore (1926)
Froelich, C. L. (1925)
Johnson, D. A. H. (1939)
Jowell, A. H. (1924)
Kaplan, E. (1936)
Lane, L. E. (1927)
Maister, H. I. (1927)
Viljoen, T. G. (1938)
Wailer, A. A. (1935)

Dental.

Atkinson, C. G. (1920)
Gillies, A. R. (1933)
Finnemore, J. W. (1925)
Cooper, M. L. (1928)
Hartman, J. P. (1924)
Steyn, C. L. (1926)

EAST LONDON.

Medical.

Blumenthal, C. J. .. .. (1934)
Cunard, J. .. .. (1932)
Nicolai, F. A. .. .. (1933)

Dental.

Beamish, G. .. .. (1922)
Van Niekerk, A. K. .. .. .. (1922)

DURBAN.

Medical.

Copley, A. C. .. .. (1925)
de Marigny, F. J. H. D. .. .. (1937)
Hulett, J. M. .. .. (1928)
Knox, L. O. .. .. (1932)
Leeming, J. A. L. .. .. (1939)
Rake, J. H. .. .. (1938)
Robb, J. W. .. .. (1943)
Skea, R. L. .. .. (1942)
Walt, F. P. .. .. (1937)
Warner, H. C. .. .. (1925)
Young, A. L. .. .. (1937)

Dental.

Copley, F. I. S. .. .. (1933)
Elstob, C. B. G. .. .. (1934)
Irwin, H. O. .. .. (1916)
Stranack, W. S. .. .. (1912)
Visser, J. D. J. .. .. (1925)

JOHANNESBURG.

Medical.

Agranat, B. .. .. (1935)
Amm, R. H. .. .. (1923)
Berry, F. S. D. .. .. (1910)
Broido, A. .. .. (1923)
Fouche, F. P. .. .. (1921)
Hack, P. .. .. (1923)
Jackson, M. .. .. (1923)
Jacobson, S. P. .. .. (1924)
Kark, C. L. .. .. (1922)
Kaye, H. .. .. (1928)
Leviseur, E. A. .. .. (1916)
Arles, C. .. .. (1927)
Epstein, H. .. .. (1928)
Lynch, P. D. .. .. (1937)
Neser, E. E. .. .. (1924)
O'Keefe, J. P. .. .. (1938)
Rabinovitz, A. .. .. (1927)
Schabort, J. W. .. .. (1925)
Shaw, G. D. .. .. (1923)
Strawbaun, A. E. .. .. .. (1921)
Tonkin, B. M. .. .. (1920)
Van Niekerk, J. J. .. .. .. (1929)
Weinbren, M. .. .. (1923)
Williams, L. S. .. .. (1926)
Young, J. F. .. .. (1928)

BULAWAYO.

Medical.

Paul, S. .. .. (1934)
Smith, F. M. .. .. (1938)
West, E. M. B. .. .. (1927)
Wilkinson, P. A. .. .. (1934)

Dental.

Jennings, G. K. .. .. (1921)
Sharland, C. E. .. .. (1938)
Van der Hoven, F. W. .. .. .. (1921)

Guy's Choristers

SIR,—May we, through the *Guy's Gazette*, thank all the Guy's men and women who formed the choir for the Annual Service of the Royal College of Nursing at St. Margaret's Church, Westminster, on July the 1st. The singing, particularly of the Te Deum, was an inspiration and added greatly to the beauty of the service. We would like to thank particularly the Choir Master, Mr. Robert Taylor, whose hard work and enthusiasm made this possible.

Yours, etc.,

FLORENCE TAYLOR.

Guy's Hospital.

Sport

CRICKET

GUY'S *v.* U.C.H.

at H.O.P. Won by 186 runs.
July 1st, 1948.

In the second round of the cup against U.C.H. the match was by no means as grim a struggle as those we played against St. Mary's in the first round. U.C.H. won the toss, and put us in on a wicket which, while it was unlikely to improve, looked as if its last state would be considerably worse than its first. Our opening pair, Blake and Woodford, grateful for being allowed the best of the wicket, set about the bowling with a will, and when Blake was well caught at short leg he had made 40 out of 52 in 30 minutes. Joined by Williams, Woodford started to score more freely, and when he was out he and Williams had added a further 88 runs in 60 minutes, his own score being 57. Gilbert then joined Williams, and no further wicket fell before lunch, which was taken with the total at 156 for 2 wickets.

The first ball after lunch saw Williams' 50 as he cracked a full toss through the covers for 4, but he was bowled by the next. Nicholson had scarcely arrived at the wicket before he was run out by bad calling from Gilbert at the other end, but the innings continued without much excitement until it was declared closed for 8 wickets at a total of 265, Gilbert being out for 45 and Talbot and Prentice both undefeated for 19.

U.C.H. went in to bat on a wicket which, although it appeared to be in a bad state, did not in fact play many tricks. Their batsmen, however, never looked comfortable and, with one exception, proved to be unable in any way to cope with our bowling, especially that of Russell who has been bowling extremely well of late. Nicholson, who came in at the fall of the first wicket and stayed to within 10 minutes of the end, played a courageous innings to score 38, rather more than half their total from the bat. The U.C.H. innings ended with a total of 79, the match being won by 186 runs.

An account of this match would be far from complete did it not mention the very fine bowling by Russell, who took 8 wickets for 23 runs. The U.C.H. innings was interrupted by the tea interval, but, with the exception of this short break, Russell, who bowls very fast for club cricket, sent down 16 overs unchanged. In 1¼ hours of play after tea in a continuous spell, his figures were: 10 overs, 5 maidens, 6 runs, 7 wickets · these, surely, speak for themselves. Another bright feature of the match was the Guy's fielding: it is regretable that of late our fielding, with a few exceptions, has been either idle or incompetent. In this game, however, there were distinct signs of improvement, and the two catches which were taken, the first in the gully by Woodford, and the second at 2nd slip by Smith were both very sharp chances. It is a slur on a team which, in many ways, is a good one that the fielding should be bad, and this game was encouraging in that respect.

We play the Middlesex Hospital in the Semi-finals. The match has been provisionally arranged to take place at H.O.P. on July 28th.

Team: R. G. Nicholson (Capt.), E. W. Graham, J. D. Williams, H. M. C. O'Driscoll, P. S. Russell, M. C. Gilbert, J. F. Woodford, D. Blake, T. Smith, C. H. Talbot, H. R. Prentice.

OTHER RESULTS.

GUY'S *v.* HORNSEY

at Hornsey. Won by 5 wickets.
June 26th, 1948.

Hornsey: 169 for 7 declared (Woodford 4 for 28).
Guy's: 170 for 5 (Woodford 50, Billingham 45).

GUY'S *v.* BOGNOR REGIS

at Bognor. Match drawn.
June 27th, 1948.

Guy's: 212 for 10 (Gilbert 50, Graham 47).
Bognor: 171 for 9 (Russell 6 for 48).

ROWING

A. S. F. Butcher rowed for Thames Rowing Club in their Grand VIII and Stewards IV at Henley. Both crews won their events.

The IV has now been chosen to represent Great Britain in the Olympic regatta at Henley at the end of the month.

SWIMMING

P. H. Kendall has been selected to swim 100 metres for Great Britain in the Olympic Games.

GOVERNORS, STAFF & SCHOOL DINNER.

For the first time since 1937, the Staff of the Hospital and Medical School dined with the Governors, on Friday, 25th June, 1948, at Grosvenor House. Of 282 who received invitations, 138 (including 20 Governors) attended, and were well rewarded by a most excellent evening.

Drinks were served before a dinner which was of unusual quality, and which was followed by speeches by Mr. Doherty, Professor Johnson, Dr Boland and Mr. Slesinger. Mr. Mollison was in the Chair. Opportunity was taken to bid farewell, at this all-Guy's gathering, to the retiring Superintendent. At the conclusion of the speeches, the company moved freely around the tables and at the bar. It was particularly pleasing to see so many ex-members of the Honorary Staff present, so evidently enjoying themselves and in such evident good health.

The organisers of this function are to be congratulated on the very enjoyable evening they provided.

Hospital Information, etc.

CHANGES OF ADDRESS

John D. Buxton, D.A., M.R.C.S., Flat 1, 24, Chichester Road, East Croydon, Surrey. (Tel.: Cro 4722.)

M. A. Filose, M.R.C.S., L.R.C.P., 199, Woodcote Road, Wallington, Surrey. (Tel.: Wal 7045.)

Miss Daisy Harrison, Holly Cottage, 3, Clare Road, Cambridge. (Tel.: Cambridge 57735.)

W. R. Lee, M.B., B.S., The Old Forge, Chinnor, Oxon.

F. S. Mellows, M.B., B.Ch. (Private), 63, Hatherley Road, and (Professional) 6, Berkeley Place, Cheltenham. (Tel.: Cheltenham 2573.)

F. R. M. Young, M.B., B.S., Park Green House, Macclesfield, Cheshire. (Tel.: Macclesfield 2779.)

PAPERS BY GUY'S MEN

J. S. Batchelor. Costo-clavicular compression following Fracture of Clavicle. *Proc. Roy. Soc. Med.*, 1948, **41**, 387 (Sect. Orthop.).

E. R. Boland. Administration of Medicine. *Brit. Med. J.*, 1948, ii, 9.

Maurice Campbell. Cyanosis and Morbus Coeruleus. *Clin. J.*, 1948, **77**, 124.

J. V. Clark. A case of submucous Abscess of the Œsophagus. *J. Laryngol. Otol.*, 1948, **62**, 461.

Patrick Clarkson and H. R. B. Fenn. Operative Correction of Recession of the Mandible. *Brit. Dent. J.*, 1948, **84**, 236.

R. W. B. Ellis. Growth and Physical Performance of Children in Relation to Maturity. *Proc. Roy. Soc. Med.*, 1948, **41**, 343.

G. E. H. Foxon. A Simple Apparatus for making rapid serial radiographs of small objects. *Brit. J. Radiol.*, 1948 (June), 301.

Marston, A. D. Anæsthetic Accidents and their Prevention. *Med. Pr.*, 1948, **219**, 589.

D. W. C. Northfield. Discussion of the Surgical Treatment of Hypertension. *Proc. Roy. Soc. Med.*, 1948, **41**, 359 (Sect. Surg.).

Charles Nicholas. Cervical Ribs and other Causes of Compression of the Lower Trunk of the Brachial Plexus. *Clin. J.*, 1948, **77**, 135.

Sir Heneage Ogilvie. Then and Now. *Practitioner*, 1948, **161**, 1.

Sir Heneage Ogilvie. A Surgeon's Life. *Lancet* 1948, ii, 1.

John A. Ryle. The Modern Concepts of Social Medicine. *Practitioner*, 1948, **161**, 5.

Harwood Stevenson. Multiple Myelomatosis overseas. *Post Graduate Med. J.*, 1948 (July).

H. St. H. Vertue. Lucretius. The Poet of our Time. *Greece and Rome*, xvii, 50.

BIRTHS

JEANES.—On July 1st, 1948, at Woolwich War Memorial Hospital, to Joyce (nee Johnson), the wife of Dr. C. W. L. Jeanes—a son (David Lloyd).

MAYER.—On June 18th, 1948, to Sheila (nee Lesser), wife of J. H. Mayer, F.R.C.S., of 1 Connaught Way, Tunbridge Wells, Kent—a son.

Eds. { H.A.R. R.A.K-E.

GUY'S HOSPITAL GAZETTE

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PASSIM

THE recent retirement of T. J. Evans inevitably brings to mind the days spent at Tunbridge Wells during the war years, although the number of students still resident in Guy's who were evacuated to Kent, dwindles monthly. Those times were certainly happy ones, and they are now sufficiently far distant to make it possible to compare them with life in the Hospital to-day.

From the administrative point of view the troubles aud complications of the evacuation must have been innumerable, and to the staff the School's return undoubtedly came as a great relief. To the student of that time, however, there were many compensations if many disadvantages. Heading the deficit side, by a large margin, was the fact that the clinical and non-clinical sides of the hospital were separated, so that much of the work seemed academic and valueless. Furthermore, Guy's was just a name, and one felt at that time that it would have matered little if one had been at any other hospital in the world. The Hospital atmosphere was absent, and the green fields of Kent, or the lake at Sherwood Park, made medicine and dentistry seem distant and far away. The lure to sunbathe proved a greater distraction than all the amenities of London put together. The failure of an exam was as much a catastrophy as ever, but the blow was softened when one's late contempories departed to another world, and were not there to unintentionally taunt you by jauntily swinging a stethoscope, or carelessly playing with a very new looking ophthalmoscope.

But whatever its advantages or disadvantages may have been from the purely practical point of view, one indisputable fact emerged, namely that the mixing of dental and medical students, and of first and second year students, was entirely beneficial. To qualify takes five years at the best of times; at the worst it may take much longer. During all that time medical student meets medical student day in and day out, and "shop" becomes the main conversation of many, and the sole conversation of some.

It is in this respect that the varsity student has such an advantage, for during much of his training he has had contacts with people from all walks of life studying a great diversity of subjects. As a result his general education is wider, and his knowledge of the world at large much broader. He may be less familiar with the minutiæ of medicine, but what he loses at the roundabouts he more than gains at the swings.

Guy's is essentially a hospital, pure and simple, and makes no claim to emulate the Universities in any way, but it is also a Teaching Hospital, and as such is primarily concerned with the education of medical and dental students. We believe that the more contact these students have with each other, the better their education will be.

It is in this respect that the hostels are so valuable, for it is in the evenings over a cup of coffee or a glass of beer that friends are made, and the world at large is discussed, and this is only possible when one has rooms of one's own near the Hospital. At the moment the housing situation is acute, and the hostels are rightly reserved for students whose work takes them to the wards or surgery at all hours of the day or night. But in the future, when the situation eases, it is to be hoped that they will be enlarged and opened to all who are attached to the medical or dental schools. It worked well in Tunbridge Wells and was much appreciated; there is no reason why it should not be a similar success in London.

THE first post-war Biennial Dinner will be held in London on Friday, October 29th, 1948. Full details will be sent in early September to all old Guy's men resident in the United Kingdom. Old Guy's men resident abroad who wish to attend the dinner should write direct to the Honorary Secretary, Biennial Dinner, Medical School Office, Guy's Hospital, S.E.1.

IT is with pleasure that we report that Mr. J. H. E. Winston, Secretary to the Medical School, who has been ill for some while, has now fully recovered and is back at work again.

Out-Patient Arrangements and Accident Services

By PATRICK CLARKSON.
Casualty Surgeon, Guy's Hospital

INTRODUCTION.

TOWARDS the end of last year I had the opportunity* of seeing the Out-patient arrangements and Accident Services in Edinburgh, Birmingham, Oxford and Dublin. The conditions observed there, together with the present arrangements at Guy's, form the basis of these notes on modern trends in this aspect of medical organisation.

Hospitals since their earliest days of origin have had the care of some sick who were not admitted—because they were not suitable for admission, or did not want to leave their homes. From Saxon times those inhabitants of London who were concentrated round the south side of the chief and most ancient of the City's bridges have sought this out-patient attention from the hospital of that area, which has successively been the Spittal of St. Mary, St. Thomas's, and Guy's. A principal feature of out-patient work has always been the function of triage, of determining which of the sick coming to the hospital should be retained, and where, and when. These offices of triage and disposal were often performed within the wards of the ancient hospitals; but the busier and more complex the functions of the hospital became, the more convenient it was that disposal and triage should be done in separate accommodation near the hospital entrance. They are functions which overlap closely with out-patient and emergency treatment. The natural development of hospital architecture has therefore been to place Out-patient and Casualty Departments together at the chief entrance to the hospital.

By the early eighteenth century the medical needs of an expanding London could no longer be completely met by Bart's, Thomas's and Bethlehem. A number of new hospitals, including Guy's, were founded. The population on the south of London Bridge served then by both Thomas's and Guy's was about 100,000. Most of the new hospitals had accommodation near their entrances for the combined Out-patient work of:—disposal of all cases; treatment of ambulatory patients; and re-examination of old ward cases. At Guy's, as at other hospitals, increasing numbers and the growth of specialities have made it impossible for a single Out-patient Department to continue to serve complete all three of these functions. There has been a continuous change towards increasing segregation of types of case, partly due to the facts that different cases (*e.g.* clean and infected surgical cases) have conflicting interests, partly to the growth of specialism and need of concentration of special equipment for certain cases, and partly to administrative convenience and considerations of space. My visits to other hospitals have shown me that, although there is still wide variation in present conditions and degrees of development in Out-patient arrangements throughout the country, there is considerable agreement in principle amongst those who work in these departments about what is necessary for good results.

The title Front Surgery (at Guy's) reminds us that before 1911 this department was at the main St. Thomas's Street entrance to the Hospital, and had there more comprehensive functions than it has to-day. The Hospital was well in advance of the times, when the wise administrative changes were made in the nineteenth century whereby the follow-up of old ward cases was segregated into Surgical Out-patients, and when the Back Surgery was created to take ambulatory accidents and superficial surgical sepsis out of the Front Surgery after their first attandance. These arrangements left the Front Surgery with three functions; and whether the department is called Front Surgery, Casualty, or any other name, a teaching hospital to-day needs such a department of Out-patients reserved for:

* With a grant from the Governors of the Hospital on the recommendation of the Director of the Surgical Department.

1. PRIMARY TREATMENT AND DISPOSAL OF ACUTE SICK AND ACCIDENTS.
2. *Medical Education.*
3. *Investigation.*

1. *Primary Treatment and Disposal of Acute Sick and Accidents.* On clinical and educational grounds this department of primary treatment and disposal is probably most comprehensive. That is, the Department as a whole serves men, women and children, for general and special acute illnesses and for all accidents. Unless an Out-patient Department is comprehensive in this sense the Medical School fails to provide in any of its appointments experience for its students and house-officers which is comprehensive in the sense that general practice is. Within the Department spatial segregation is both possible and desirable, in particular the " Accidents " should be segregated from the " Sick." This Department generally has too the function of sorting those of the chronic sick who attend without doctors' letters ; a group which ideally should not come to it and one whose incidence may be expected to diminish in the new Service.

2. *Medical Education* : At Guy's the chief educational function of the Front Surgery has always been the training and development of responsibility in both Dressers and House Officers. They have always had more responsibility in the Front Surgery than is customary in other hospitals. It is, of course, most desirable to evolve a formula which will retain this feature while obtaining the improvement in results for accidents which modern standards demand. The aspect of clinical work for which there is the greatest opportunity in the Front Surgery is in the surgical treatment of the commonest of all injuries, the soft tissue injuries of hand and face. A proper standard of result in these common minor repairs can probably best be obtained by intensive teaching combined with some degree of supervision of most operations, rather than by the alternative of employing qualified men to do all operations. Every qualified doctor, whatever his speciality, must be capable of doing these everyday small repairs by modern reparative methods. The Front Surgery is the place where he gets most of his under-graduate experience in this work.

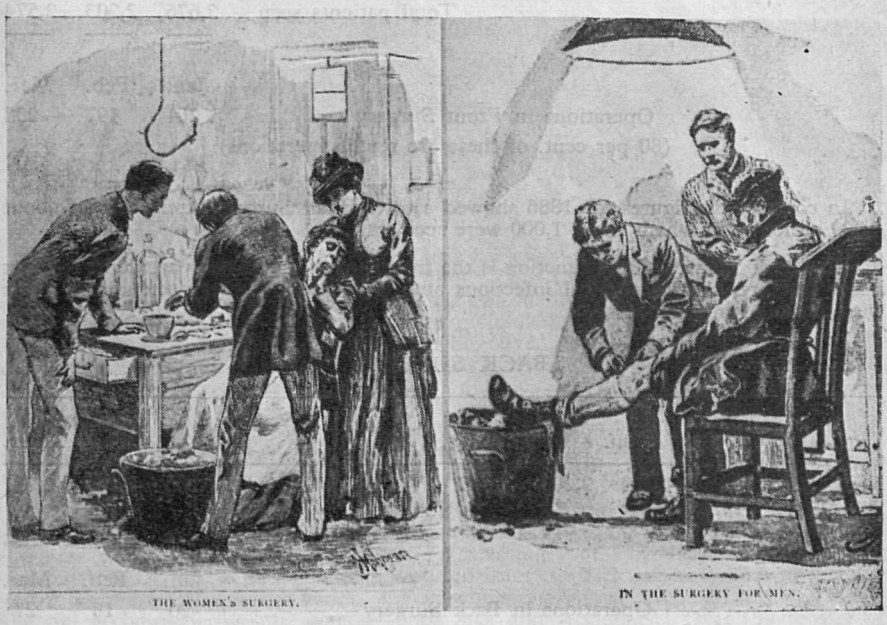


FIG. I.
THE FRONT SURGERY 1886—REPRINTED FROM " THE GRAPHIC," 14TH MAY, 1887.
The Front Surgery was then sited on the left of the Colonnade at the St. Thomas's Street entrance. It was immediately adjacent to the casualty ward, Astley Cooper (where Dorcas is now) ; the two formed a compact Accident Service which treated 14,000 accidents a year, of whom 1,000 were admitted. The accident figures for Guy's are approximately the same to-day. Guy's men of to-day will also recognise some of the above equipment.

The primary treatment of every open injury, however slight, by full dress reparative techniques is possible by dressers—given intensive education. Its routine adoption throughout the country would be the most direct and immediately profitable way of saving vast numbers of man-hours at present lost to industry.

3. *Investigation and Research*: To-day the most profitable field for Front Surgery study is probably in industrial accidents, from all points of view—clinical, administrative and legal. The Front Surgery gives a limited though important contact with other medical and surgical problems.

Any two of these three main functions can be combined with reasonable success. The combination of all three can only be achieved by compromises to the interest of each.

ARRANGEMENTS AND MATERIAL AT GUY'S.

The patients for whom the Front Surgery performs these functions are indicated by the following figures for the first three months of 1948.

FRONT SURGERY.

	Accidents			*Sick*			*Total cases*		
	Jan.	Feb.	Mar.	Jan.	Feb.	Mar.	Jan.	Feb.	Mar.
Female	185	176	187	723	436	480	808	612	667
Children	87	100	94	446	446	460	533	428	554
Men.....	500	497	534	735	735	819	1,235	1,163	1,353
						Total patients seen	2,676	2,203	2,574

	Jan.	Feb.	Mar.
Operations in Front Surgery	201	197	238

(80 per cent. of these are repair operations)

In contrast the figures for 1886 showed a total Front Surgery attendance of about 4,000 a month, of which about 1,000 were accidents.

The Back Surgery whose function is the treatment of ambulatory accidents without major fracture, and of surgical infections after first Front Surgery attendance, deals with the following numbers.

BACK SURGERY.

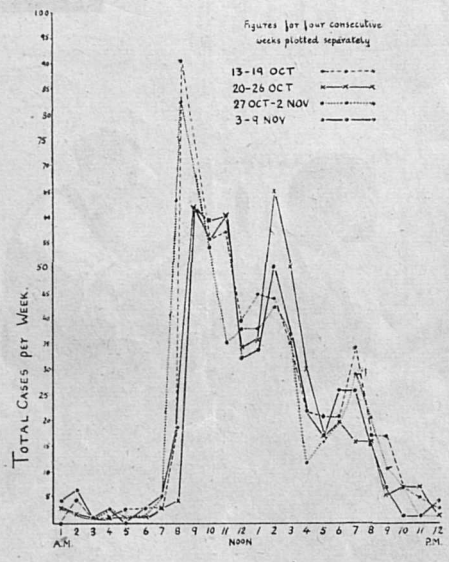
	1948				*Total Attendances*		
	Jan.	Feb.	Mar.		Jan.	Feb.	Mar.
Men	1,270	2,203	1,355		1,905	2,060	2,711
Women	635	610	545	New cases		800	811

	Jan.	Feb.	Mar.
Operations in Back Surgery	20	18	27

(Over 90 per cent. for drainage of Hand Infections)

These patients do not, of course, arrive at the Front Surgery in an even distribution over 24 hours. The following graph indicates that—at any rate in the Boro'—most of the sick and injured prefer to eat and/or sleep first before seeking medical aid.

Guy's serves the industrialised south bank of the river and in the new scheme will be one of the two teaching hospitals serving a sector of four millions. The chief local industries are light industries and this is reflected in the high incidence of non-serious injuries. Only 10 per cent. of our accidents have fractures, and less than 10 per cent. of the injured need admission to the wards. The upper limb below the elbow is affected in 80–90 per cent. of cases; the next most commonly affected parts are the head and face. Sheffield hospitals and others serving heavy industries are said to have a higher admission of serious injuries. Another factor which keeps the percentage of soft tissue injuries high at Guy's is that the Hospital is screened by a ring of peripheral hospitals from the vehicle accidents which occur principally on arterial and suburban roads. It is of interest to note that of the 14,000 accidents treated at Guy's in 1886, 1,000 were admitted to the wards. Both figures for the first quarter of 1948 are of a similar order.



Hourly incidence of attendance at Front Surgery.

The needs of the 80–100 sick and accident cases who attend the Front Surgery daily are dissimilar and to some extent conflicting. Thus the sick need facilities for quiet examination, and re-examination. They can reasonably be expected to set aside 1–2 hours for this primary examination, treatment and disposal. They are essentially a "slow-moving queue", many of whom are infective. On the other hand the accidents are chiefly a "fast-moving queue," most of whom have slight injuries and should be out of the hospital and back at work within an hour. Ninety per cent. of them have open wounds which need protection from infection, and special equipment for treatment; that is, special dressing rooms and theatres with air hygiene, and special staff not engaged at the same time in the treatment of infection. These accidents need, too, a uniform system of documentation, distinct from that in use for the sick.

The photos overleaf show some of the recent additional facilities which have been provided in the Front Surgery to improve conditions there for the Accident Service. There are now theatres, preparation, plaster, and dressing rooms exclusively reserved for accident cases. These patients are segregated from the Sick on entry and go straight to the accommodation in the Front Surgery which is reserved for them, and which was the old accommodation for women—both Sick and Accidents. Over 150 repairs of industrial injuries a month have been done in the Accident Theatre since it was opened in February. Such are the advantages of working in a theatre reserved exclusively for clean cases that so far every free skin graft done there has been an edge to edge or at least a substantial take. In less than 2 per cent. of wound closures by suture has healing been substantially delayed by infection.

Plans have been approved for the extension of these accident services to the basement of Out-patients, where, in addition to a Fracture Clinic with local plaster rooms, X-ray, and all other facilities in the immediate vicinity, it is intended to provide additional theatres and dressing rooms with full air hygiene, dressing units in which component parts of the dressing are done by different dressers, and space for adequate segregation and one-way traffic of patients.

The Front Surgery work will also benefit greatly from the new arrangements and adjacent accommodation for the X-ray of accident cases, and the direct intercom line between X-ray Department and Front Surgery, which the Director of Diagnostic X-rays is having installed.

FIG. II.

PREPARATION ROOM TO ACCIDENT THEATRE—PRIMARY TOILET.

The primary toilet is done by the patient himself in 1 per cent. warm cetavlon. He wears a mask and, with the sleeves rolled to the elbows, concentrates on the use of a nail file and scrubbing brush. A thorough toilet of the dirt-ingrained hand of the injured working man is a prime feature of the treatment of all these cases.

Wall apace is used to post "Suturegrams" which illustrate for the Dresser technical points in wound repairs.

ARRANGEMENTS ELSEWHERE.

With this preliminary study of our local problems and conditions I shall now very briefly indicate the chief features of Out-patient arrangements as I found them in Edinburgh, Birmingham, Oxford and Dublin.

EDINBURGH: The Royal Infirmary at Edinburgh is considerably bigger then Guy's To a sick or injured Scot admission to the Royal is not only his guarantee of good treatment, it is part of his national life, almost a religious and spiritual experience. It was my good fortune to work as a Dresser in S.O.P.D. at the Royal in the summer of 1931, and to have therefore some personal experience of the work which is done there. Segregation in Out-patients takes a different form in Edinburgh from that at Guy's. There is a Surgical Out-patient Department (S.O.P.D.) which has the disposal of all acute surgical sick and all accidents; it treats all minor surgery, does all repeat

attendances of ambulatory fractures, soft tissue injuries and sepsis until the cases are discharged, and arranges the out-patient investigation and disposal of all surgical out-patients without letters addressed to individual surgeons. Medical cases, women's illnesses, and children, go from the start to different admission departments. There is no separate Surgical Out-patients for old ward cases. These are seen in annexes to the wards by the individual surgeon by whom they were treated while in hospital, and who on the same day sees in his wards new out-patients referred to him by addressed letters.

There are two especially advantageous arrangements in S.O.P.D., Edinburgh.

1. *Out-patient X-ray and Developing Room :* About 80 per cent. of Out-patient accident X-rays can be done by a light machine of portable type. The whole rate of work in the Out-patient Department is vastly improved by having its own local X-ray, and by keeping these short cases separate from the slower moving queue of ward cases in the main X-ray Department.

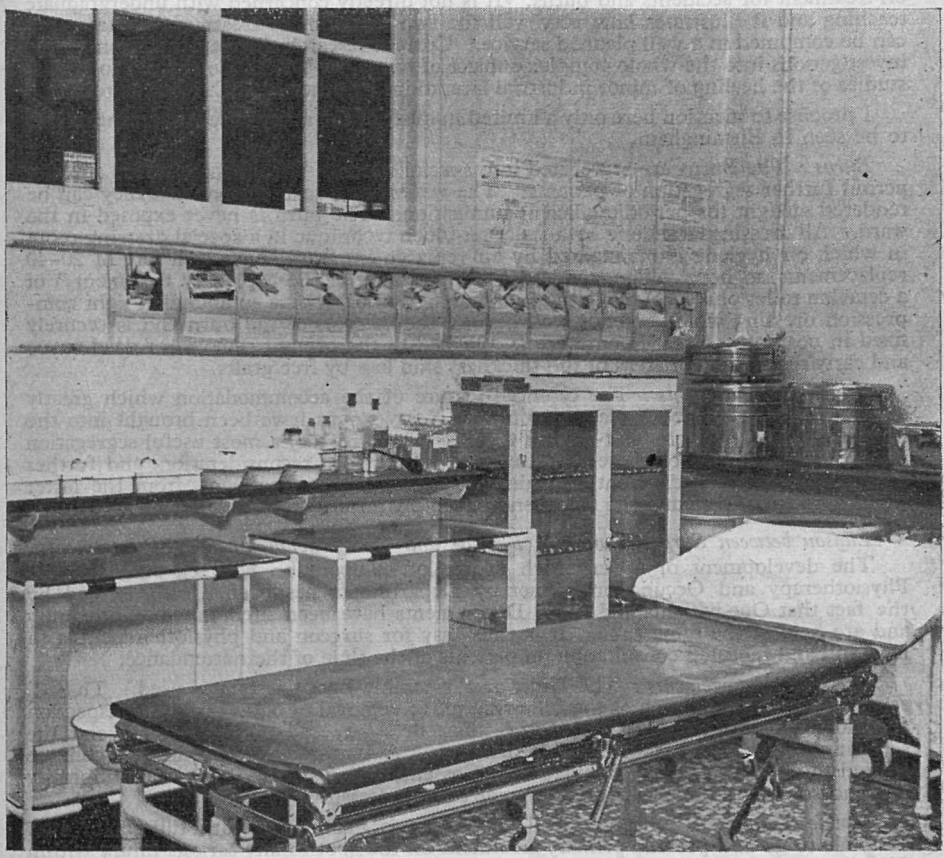


FIG. III.
OUT-PATIENT ACCIDENT THEATRE.

This Theatre is reserved exclusively for clean, fresh accident cases, who come to the Theatre after their primary toilet in the Preparation Room.

Full use is made of the walls for photographs and diagrams to demonstrate the complete technique from start to finish of standard plastic reparative methods* in the common injuries treated. The object is that the Dresser should be familiar with these techniques within the first few weeks of his appointment, and competent to perform these common small repairs himself and to obtain quiet quick healing in well over 90 per cent. of his primary wound closures.

* That is the methods of tissue repair as evolved by H. D. Gillies and co-workers at Sidcup in 1918 and taught by him since.

2. *Short Term Accident Beds :* There are six such beds in S.O.P.D. Patients cannot be retained in them for more than three days. Such beds greatly increase the scope and standard of accident work. In the present day general bed shortage they are essential to any efficient Accident Service.

DUBLIN : A remarkable fact about the medical arrangements in Dublin is the number of teaching hospitals for the size of the city. There are eight for the population of 1,000,000. These hospitals are, therefore, about 150–350 beds each. It is doubtful if complete segregation within Out-patients is practicable in units of this size. It is therefore chiefly clinical matters regarding accidents that one studies in Dublin.

BIRMINGHAM : The Birmingham Accident Hospital is a special case. It is a hospital exclusively devoted to the treatment of injuries. Under the directorship of Mr. W. Gissane it has within a short time come to occupy a very prominent position in traumatic surgery, and is to-day the leading single source of current ideas on arrangements and on treatment for accidents and burns. It is not directly concerned with undergraduate teaching and it illustrates how very well the two functions of treatment and research can be combined in a well planned service. Current research there extends from major investigations into the whole complex subject of burns, by Dr. L. Colebrook, to special studies of the healing of minor industrial lacerations by other M.R.C. research teams.

I propose to mention here only a limited number of the many excellent arrangements to be seen in Birmingham.

Burns : The Burns are segregated into special wards. Within these wards cubicles permit further segregation of patients. The wards are so constructed that they can be rendered airtight for periodic efficient fumigation. The burn is never exposed in the ward. All dressings are done by a strict no-touch technique in a special dressing room in which air hygiene is maintained by air replacement from above at a rate of 20–40 replacements an hour. The standard local treatment is the " plenary treatment " of a cetavlon toilet plus local penicillin in a lanette wax base, plus an abundant light compression dressing which extends well beyond the margins of the burn and is securely fixed in position. Great importance is attached to the prompt removal of dead tissue and early resurfacing of areas of full thickness skin loss by free grafts.

Fracture Out-patients : The essential feature of the accommodation which greatly aids efficiency is that both plaster room and X-ray rooms have been brought into the immediate vicinity of the Out-patient Clinic. There is, too, a most useful segregation into separate sessions of those fracture cases which need reconsideration, and further consultation between different specialists regarding future treatment, from the faster moving queue of patients who are attending simply for check, disposal or re-X-ray.

Liaison between Surgeons and the Physio- and Occupational Therapy Departments : The development of a very high degree of co-operation between surgeons and Physiotherapy and Occupational Therapy Departments has been greatly helped by the fact that Out-patients and these Departments have been sited in close proximity and are held at the same time. It is thus easy for surgeon and physiotherapeutist to have full and repeated consultation on patients at the time of their attendance.

Dressing Arrangements : The Unit, or " assembly line," system is used. That is, separate personnel do each of the following jobs : removal of outer dressing, inspection and documentation, application of the inner dressing, and outer dressing, and the servicing of the Dressers with sterile materials. A " no-touch " dry finger technique is used throughout. The advantage of this assembly-line system lies in the uniformity of standard, and in the reduction of average time of dressing.

Mobile Teams : A fully equipped ambulance is maintained with full senior staff available to go and provide primary treatment on the spot to any serious injury within 20 miles of Birmingham. Such a mobile team would be a great asset to any metropolitan teaching hospital, both in ensuring that a suitable number of complex severe vehicle and crush injuries reach its wards, and in bringing these complex injuries early to hospitals which can give them full services at every stage of their treatment.

Emergency Stores : It is a commonplace of peace time experience that whenever mass casualties occur—in train or tube smashes, in fires in public buildings, in mine and tunnel collapses—a high percentage of unnecessary deaths occur. Unnecessary, that is, by the standards obtained in C.C.S's during battle periods, or the same civilian hospitals in the air-raid period. One of the causes of these poor results is that sufficient supplies of blood, plasma, dressings, splints, plaster, etc., for large numbers of casualties,

are often not readily available. In the Burns Unit at Birmingham there is a special store cupboard in which all material and equipment needed for the primary treatment of a large number of burns is kept ready and constantly checked, with replenishment of sterile materials. It is exclusively reserved for such an emergency.

OXFORD : The Radcliffe Infirmary is possibly the only teaching hospital to-day with a comprehensive and integrated Accident Service (Director Mr. Scott) within the Department of Surgery (Professor Sir Hugh Cairns). Both in Out-patients and in the wards all accidents are segregated from the sick. This provision of separate accommodation for accidents and for sick appears to the writer to raise the whole standard of attention to both. The Service is, too, an integrated one. That is, there is a central administration for which the Director (an orthopædic surgeon) is responsible ; but general neuro-surgeons and other specialists have beds within the Accident Service and share in the treatment of all cases of multiple injury in which they have an interest. Neuro-surgical co-operation is, of course, particularly complete.

Page of Operating Book showing a days operations and type of Out-patient case.

DISCUSSION OF ADMINISTRATIVE AND OTHER ARRANGEMENTS.

It is this question of integration of general and specialist surgeons on which the whole success of a comprehensive Accident Service rests. I believe it to be even more important than the spatial segregation of accidents from other cases. For success there must not only be available within the hospital the full range of general and specialist services. Each service has to be automatically incorporated from the start, as part of a team, in the full treatment of every case whose clinical condition concerns their speciality. Such a service needs a central registry for trauma ; and administrative responsibility for the service has to rest with one doctor. For many reasons the Director is more likely to be a general or orthopædic surgeon than otherwise ; whatever his own chief clinical interest it is clear that he must always have considerable general experience in the surgery of trauma. It is a good arrangement to allow, as at Oxford, outside appointments to the Staff of the Accident Service in their own speciality—general, orthopædic, neuro- or plastic surgery. Attempts to evolve purely " traumatic " surgeons equally capable of doing repair surgery of thorax, abdomen, brain, bones, face and skin generally, are futile, if a uniform and high standard of result in all injuries is the object.

The administrative arrangements by which all specialist and general services in a hospital function automatically for the appropriate cases are not easy to bring about, without withdrawing the accidents from the general current of work and education in the hospital. Possibly for this reason the general tendency is still to make no change ; that is, to make do without a comprehensive Accident Service. For this reason much of the most interesting clinical work in trauma to-day tends to be done in isolated special

units (neuro-surgical, orthopædic, plastic). Admirable as the work in these isolated units can be within their specialities, they suffer from special handicaps and limitations. It would not be a good thing if they became permanent and general features of the British medical organisation. These specialities should be within and contribute to the work of general teaching hospitals, as at Oxford where a comprehensive and integrated Accident Service is in being. Even the army was aware of the problem, and with its forward Head, Eye, and Maxillo-Facial Units sited at the same C.C.S. gave a pioneer and successful administrative solution to war-time conditions, of the problems of providing team work in the treatment of complex injuries. While it is clear that the best arrangements for accidents are to a considerable degree dependent on the possession of adequate accommodation of the right sort, it remains to be seen to what extent hospitals generally will make the administrative changes in the arrangements for their accidents, necessary to establish comprehensive and integrated Accident Services. And if they do, how far they will be successful in avoiding a too specialist approach to the patient while permitting those conditions of concentrated study under which good results by modern standards are alone obtained. It is an obvious principle of administration that no system which is working smoothly—as for example the Front Surgery always has in the past—should be changed unless there is clear evidence that the change will produce improvement at least commensurate with the trouble to introduce it. No plea is made here for change simply on grounds of modern doctrine, or of administrative convenience—convenience to which we are only too likely to be increasing slaves unless the yardstick remains the welfare of the patient. Nevertheless the writer believes that results in hospitals which do not have comprehensive and integrated accident services will compare badly with others that do.

Whatever hospital system for Accidents is adopted the best results will not depend entirely on surgical methods and administrative arrangements. Much will continue to depend upon the relationship between the hospital and Accident Service on the one hand and the patient, *i.e.* the worker in the local factory. Within limits according to the case, the time within which a patient returns to work depends upon his morale and degree of co-operation with his doctor. Obviously a number of factors, extrinsic and intrinsic, determine this morale. The extrinsic factors certainly include the physical conditions within the hospital—its cleanliness, its paint, its lighting, the provision of adequate canteen and telephone services, and the absence of congestion and of waiting for treatment. But confidence in serious and long cases chiefly depends on the patient understanding the plan upon which the treatment is based. The most complicated injuries will cheerfully co-operate in prolonged treatment, provided the plan is repeatedly made clear to them. Even minor injuries need at least one explanation in full; and there should never be any doubt in their minds that the Dresser also knows the plan along which their return to work is being directed. The incidence of compensation neurosis is directly related to the confidence of the patient in his treatment and doctor. Lack of early explanation of the plan and possibilities is one of the chief sources of lack of confidence. In this connection more use could profitably be made of photos, diagrams, and printed signs on walls of waiting rooms for explanation and instruction to the patients; but this educative responsibility is one which every member of an Accident Service shares.

The role of education in the prevention of accidents, and the best use of partially disabled men (best both from the point of view of their ultimate recovery, and of the industry), brings in the question of liaison between the Accident Service and industry. The Accident Service must clearly have close contact with the chief factories in its area—with both management and unions—and must be prepared to advise on the prophylaxis of injury, and the employment of the partially disabled, as well as on staff, equipment, and treatment of Sick Rooms.

SUMMARY.

The historical development of Out-patient and Accident Services is outlined.

Conditions and material at Guy's are described.

An account is given of some arrangements seen at Edinburgh, Dublin, Birmingham and Oxford.

It is suggested that the best modern trend is towards the development within general hospitals of comprehensive Accident Services, in which general and specialist services are closely integrated as a team, working in special accommodation, but with a junior staff which have other clinical responsibility in addition to their accident work.

I am indebted to Sir Herbert Eason, C.B., C.M.G., and to Mr. B. Lees Read, A.C.A.F.H.A., for kind help and much valuable information concerning the history of the development of Out-patients at Guy's.

I take this opportunity of expressing my keen appreciation of the very prompt and full help which the Studio (Mr. Engels) and the Art Department (Miss Treadgold) have given the Out-patient Department in the provision of complete sets of teaching photographs and diagrams showing standard reparative techniques.

Hilda M. Gration

(SISTER TUTOR)

"SISTER HILDA has retired!" These words will be tossed to and fro among countless past Guy's nurses who have lived and worked in the Hospital in the years since 1918, for Hilda M. Gration entered the Preliminary Training School in that year, to study as a Guy's nurse. She already held the Teacher's Certificate of the Board of Education and had had experience in teaching.

Three happy years flew by as a nurse in training; always keen, bringing a trained mind to the understanding and performance of her work, she yet knew how to enjoy life and her sense of fun has never deserted her. She became State Registered in 1919, and her general training was followed by a training in midwifery in Brixton under that fine personality Sister Olive Haydon. After gaining the certificate of the Central Midwives' Board she was appointed a staff midwife on the Brixton District.

In 1922, Miss Gration returned to Guy's as a Sister, first as Assistant then in charge of the Preliminary Training School and the Nurse's Sick Room. Many of the Guy's "lambs" who were privileged to pass through the school during this time, have spoken of the lasting mark that she left upon their minds and the wide view that she opened up for them, of what it means to care for the sick. We all know how, in the maze of queer procedures and new technicalities that surround the new student nurse, she is apt to lose sight of the wood for the trees. Hilda Gration helped her students to see life as a whole, not as an affair bounded by fomentations, brass cleaning, anatomy and burnt invalid cookery. And she taught them to look at other peoples lives too.

Up to 1924, although Guy's was one of the early pioneers in having a Preliminary Training School for Nurses, there was no Tutor Sister in the main Nursing School. Nurses attended courses of lectures given by the medical staff. Various ward and departmental sisters appointed by the Matron went to the lectures and gave weekly coaching classes to groups of the nurses. It is easy to imagine that a busy surgical ward sister of many years' standing might find it a little difficult to answer all the searching questions of the brighter spirits in her class if the medical lecture course was in progress (or vice versa). The time was ripe for the innovation of the post of Sister Tutor and who could better fill the post than Miss Hilda Gration? It was indeed a pioneer post. "What have we to do with thee?" said the Ward Sisters—some of them. "What can this academic woman know about bedside nursing?" said others. But, while Ward Sisters are always the prime teachers of practical nursing, the wiser ones recognised the great value of having their nurses taught detailed routine nursing procedures in the quiet of the practical class room, away from emergencies and the chance of "trying their hand" on a patient. Sisters, patients, and the nurses themselves, soon came to appreciate the benefits arising out of the ordered, continuous teaching which the nurses now received. But it was hard work for one Tutor. Teaching facts, teaching reasons, teaching girls to be accurate and reliable, teaching girls to think. And through it all the theme ran like a shining thread: "What are you learning all this *for*? It's *not* to pass examinations, although examinations are necessary, but to make the patient more comfortable, to assist the Doctors intelligently for their patient's betterment or ease." Nursing should be a comfort-bringing task not just a barren exercise of skill, and that goal Hilda Gration ever held before her nurses.

Now, there are five Tutors in the Nursing School, and two more and an assistant in the Preliminary Training School, and the Tutors are supported by a Nursing Education Committee and the Women's Training Schools Council. In the steady development of Nurse Teaching, Miss Gration has taken a leading part aided by her able colleagues.

She believes in the Tutor keeping herself in close touch with ward work; at one time she took a spell as Sister-in-Charge of the old Children's Ward and at another time as Night Sister. Early in her career she had obtained the Sister Tutor Certificate of

Battersea Polytechnic, one of the first Educational bodies in England to provide higher education for nurses; and later she gained the Diploma in Nursing (University of London) with distinction in nursing. Miss Gration has been an examiner for the General Nursing Council since its inception. She was the first Secretary of the Sister Tutor section of the Royal College of Nursing under the Chairmanship of Miss Gullan, of St. Thomas's Hospital, another great nurse pioneer, and for some time followed Miss Gullan as Chairman.

Realising the faults and weaknesses of the methods of Nursing Education in general use throughout the country, she and her colleagues at the Royal College of Nursing were active in working out a scheme for a Block System of teaching whereby nurses are withdrawn from the wards for short terms of lecture and class instruction two or three times during their training. This relieves the heavy strain imposed upon them under the old system, when they carried responsibility for their patients and learnt all their theoretical and practical work concurrently. This excellent piece of constructive work was adopted by and became one of the recommendations of the Nursing Reconstruction Committee (Horder Report) issued by the Council of the Royal College of Nursing in 1943.

When, in 1946, on the Matron's recommendation, the House Committee decided to adopt the Block System of Nursing Education at Guy's, Miss Gration already had every detail prepared and was able to submit a complete scheme which, with few modifications, has worked successfully from its introduction.

Although the demon of arthritis has attacked Miss Gration, it cannot halt her mental activity. She is the author of four books on nursing subjects and innumerable articles in nursing and other journals. Her indefatigable mind does not occupy itself only with professional matters. She loves literature; novels, history, poetry and she loves open air and the country, the wider the better. Her gift for getting on with all types of people had full scope when, last year, in her handicapped condition, she made the long journey to visit me in the West of Ireland. The customs officers, the porters, the garage hands, the local shopkeepers, all became her friends and the speech and vagaries of my little girl "off the mountain"—the staff of my establishment—delighted her. "Aggie, have you timed the eggs?" "I have, Miss." "What time did you put them in?" "I couldn't rightly say, Miss."

Of her courage in the face of the misfortune of ill-health, she would not wish me to speak, but I can truly say that she is one who never turned her back but marched breast forward.

The Nursing School of Guy's—in all the generations that have known her, many of whom have become her personal friends, I am sure, join with me in sending her our affectionate greetings, good wishes and God speed.

E. P. McM.,
Pontoon, Mayo.

With the retirement of Sister Hilda Gration the Nursing School at Guy's has lost a great teacher and leader. The School, as it stands to-day, is largely the result of her organisation and inspiration.

The teaching staff in particular will miss her comradeship, her active brain and her sense of humour. I have had the privilege of working with her for twenty years and can truly say that her influence has been boundless. Sister Hilda is naturally a great woman, made greater by her physical disability. The roots of the School are deep and its growth is assured. Few people retiring can look back upon a work so well done.

F.T.

There are few people at Guy's who do not know Sister Hilda and who will not feel that an integral part of Guy's is missing when her familiar figure disappears from the Park.

To the nurses past and present her resignation will mean the loss not only of an outstanding teacher but of a personal friend. She is a most sympathetic and approachable Sister, always ready to listen to queries both personal and professional. Her books "The Practice of Nursing," "Aids to Gynæcological Nursing" and a "Ward Pocket Book" are invaluable to all Guy's nurses and we know thay are used in many other hospitals.

Though she is leaving us we know her influence and her interest in the School will remain and we hope her retirement will be happier for this knowledge.

"A FEW FOURTH YEAR NURSES."

Correspondence

Sister Hilda.

SIR,—A presentation is being made to Sister Hilda Gration, on her retirement after 30 years of happy work at Guy's. If any more Guy's friends would like to join in this mark of appreciation and affection, Sister Florence Taylor and I would be glad to receive and acknowledge donations.

I am,
Yours truly,
DOROTHY L. HOLLAND,
Sister Tutor.

Guy's Hospital, S.E.1.

Flowers in Out-patient Department.

SIR,—I would like to thank all those who have sent me bunches of flowers for the Out-patient Department during the past months.

As we have found that the patients appreciate them so much, may I be permitted to again appeal for any sort of flowers or leaves that can be used on the landings where our patients sit.

Yours sincerely,
P. BIRD,
Sister-in-Charge,
Out-patient Department.

Guy's Diary

AUGUST

ACADEMIC

August
2nd. Bank Holiday.
4th. 2.30. Post-graduate Revision Lecture in Anæsthesia. Dr. Marston. Clinical Th. (Surgical Block).
9th. 3.30. Demonstration in Skin Diseases (Surgical Block). Dr. Barber and Dr. Forman. Preclinical Classroom.
9th. 5.00. Post-graduate Lecture. Dr. B. Woodhead. "Aggression in Childhood." Diplock.
10th. 12.00. Neurological Demonstration. Dr. McArdle. Preclinical Classroom.
11th. 2.30. Post-graduate Revision Lecture in Anæsthesia. Dr. Marston. Clinical Th. (Surgical Block).

SPORT

August
3rd. 11.30. Cricket XI. *v.* Merstham (Away).
7th and 14th. Tour.

Sport

CRICKET

CRICKET CLUB RESULTS

GUY'S *v.* EALING DEAN

at Perivale. Match lost.
July 3rd, 1948.

Guy's 72 all out.
Ealing Dean 73 for 3 (P. S. Russell 3 for 48).

GUY'S *v.* BEDDINGTON

at Beddington. No play owing to rain.
July 4th, 1948.

GUY'S *v.* THREE COUNTIES HOSPITAL

at Arlesey. Match drawn.
July 10th, 1948.

Three Counties Hospital 241.
Guy's 67 for 7.

GUY'S *v.* PRIVATE BANKS

at H.O.P. Rain stopped play.
July 17th, 1948.

Private Banks 208.
Guy's 5 for 0.

GUY'S *v.* BUCCANEERS

at H.O.P. Match drawn.
July 18th, 1948.

Buccaneers 204 for 8 declared (Smith 4 for 42, Nicholson 3 for 53).
Guy's 140 for 9.

GUY'S *v.* FINCHLEY

at H.O.P. Match lost.
July 24th, 1948.

Guy's 124.
Finchley 125 for 6. (Russell 4 for 43).

House Appointments

AUGUST 1ST—OCTOBER 31ST, 1948.

GUY'S.

ASSISTANT HOUSE SURGEONS: To Mr. Massie and Mr. Wass: C. H. Talbot (N)
Mr. Eckhoff and Mr. Lawrie: R. G. O. Tayler (N)
Mr. Atkins and Mr. Glover: M. Hatton (N)
Sir H. Ogilvie and Mr. Blackburn: W. F. W. Southwood (N)

OUT-PATIENT OFFICERS: K. F. Anderson (R). C. J. Earl (R). R. A. Miller (R). A. W. R. Williamson (R)

HOUSE SURGEONS: To Mr. Massie and Mr. Wass: P. G. Large* (R)
Mr. Eckhoff and Mr. Lawrie: P. R. Montgomery* (R)
Mr. Atkins and Mr. Glover: G. D. Channell* (R)
Sir H. Ogilvie and Mr. Blackburn: B. J. Fowler* (N)

HOUSE PHYSICIANS: To Dr. Boland and Dr. Baker: R. D. C. Hart (R)
M. G. Thorne* (R)
Dr. Douthwaite and Dr. Mann: N. K. Macrae-Gibson* (R)
J. H. Baylis (R)
Sir J. Conybeare and Dr. Hardwick: J. E. Blundell* (N)
A. B. Dickie* (N)
Dr. Hampson and Dr. Kauntze: K. Simpson (R)
C. P. Mills (R)

RESIDENT OBSTETRICIANS: Aug. 1st—Oct. 31st, 1948: I. MacDonald* (R)
Sept. 1st—Nov. 30th, 1948: J. M. Thomas* (N)
Oct. 1st—Dec. 31st, 1948: To be re-advertised.

CHILDREN'S HOUSE PHYSICIANS: P. S. Clarke* (R). J. D. Wallace* (N)

NEUROLOGICAL HOUSE PHYSICIAN: G. F. Vaughan (R)

THROAT AND EAR HOUSE SURGEON: R. A. Bruce (N)

OPHTHALMIC HOUSE SURGEON: T. S. S. Gregory* (Non-Res.) (N)

DERMATOLOGICAL HOUSE PHYSICIAN: J. P. M. Bensted* (Non-Res.) (R)

GENITO-URINARY HOUSE SURGEON: R. G. L. Brittain* (R)

ORTHOPÆDIC AND FRACTURE HOUSE SURGEON: H. P. Jones* (N)

HOUSE SURGEON TO THORACIC UNIT: N. B. Finter (R)

JUNIOR CLINICAL PATHOLOGISTS: To be re-advertised

ORPINGTON. EAR, NOSE AND THROAT HOUSE SURGEON: H. E. F. Davies (N)

PEMBURY. ORTHOPÆDIC HOUSE SURGEON: W. R. Walsh (N)
HOUSE SURGEONS: E. F. Soothill (N); D. P. Winstanley (N)

SOUTHERN. HOUSE SURGEONS: A. R. Merrill (N); K. R. Wallace (N)

FARNBOROUGH. EAR, NOSE AND THROAT HOUSE SURGEON: C. A. Higgins (N)

JOYCE GREEN. (To commence on August 15th, 1948)
HOUSE SURGEON FOR NEUROSURGERY: N. Allsupp (N)
HOUSE SURGEON & ORTHOPÆDIC HOUSE SURGEON: G. J. Schiller (N)
HOUSE PHYSICIAN & CASUALTY OFFICER: A. A. Cashmore* (N)

* Ex-Service Medical Offieer

(R) Reappointment (N) New Appointment

Hospital Information, etc.

NOTICES

GUY'S HOSPITAL, S.E.1.

Applications are invited for the appointment of Registrar (whole-time) in the Department of Diagnostic Radiology as from 1st October, 1948. Appointment for two years in the first instance. Salary £600 per annum. Forms of application are obtainable from the Dean, Guy's Hospital Medical School, to whom applications with the names of three referees should be forwarded not later than 25th August, 1948.

GUY'S HOSPITAL, S.E.1.

Applications are invited for the appointment of Registrar (part-time) in the Department of Psychological Medicine. The appointment is for two years in the first instance as from 1st October, 1948, with attendance on four sessions per week at a salary of £325 per annum. Applicants should have special knowledge of child psychiatry. Forms of application are obtainable from the Dean, Guy's Hospital Medical School, to whom applications with the names of three referees should be forwarded not later than 25th August, 1948.

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1.

Applications are invited for the appointment of *Demonstrator (whole-time) in the Physiology* Department as from 1st October, 1948. Appointment for two years in the first instance. Salary £550 per annum, plus superannuation and family allowance. Forms of application obtainable from the Medical School Office and should be lodged with the Dean not later than 25th August, 1948.

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1

Applications are invited for the appointment of Assistant to the Director of the Department of Pædiatrics, as from 1st August, 1948. Appointment for two years in the first instance. Salary £750–£1,000 per annum, with superannuation and family allowance. Applicants should hold the M.D. or M.R.C.P. Copies of Standing Orders for the appointment are obtainable from the Dean, to whom 10 copies of application, with the names of three referees, should be forwarded not later than 25th August, 1948.

M.R.C.P. COURSE.

It is proposed to hold a Membership Course, starting on 16th August, for the examination at the end of September. Names and addresses of those wishing to attend this Course should be handed in to the Medical School Office not later than Wednesday, 4th August, 1948.

It is regretted that in the last issue of the *Gazette*, the name of Doctor G. R. M. Sichel was included in error for Dr. A. W. S. Sichel among those Guy's men who were present at the Dinner in Cape Town. Dr. G. R. M. Sichel is still in practice in Welford, near Rugby.

PASS LIST

UNIVERSITY OF CAMBRIDGE.

FINAL M..B.. EXAMINATION.

Easter Term, 1948.

Part II.—Principles of Physic, Pathology and Pharmacology.

N. Allsup	C. H. Talbot
P. J. Higgins	R. G. O. Tayler
E. F. Soothill	K. R. Wallace
W. F. W. Southwood	W. R. Walsh
D. B. Sugden	A. R. H. Worssam

CONJOINT BOARD.

L.R.C.P., M.R.C.S.

FIRST EXAMINATION.

June, 1948.

Anatomy and Physiology.

Abdool Raman	D. T. Lovell
K. B. Bender	L. W. Mackey
B. Bilton	P. L. Pelmear
R. H. F. Fitzpatrick	J. R. Robinson
C. J. Frederick	E. J. Rolls
H. R. E. Gillespie	W. W. Thompson
E. T. Johns	R. S. Wells
G. M. Karpusheff	C. H. Wilkinson

Anatomy.

A. Ferrari	E. N. Plomer
T. G. R. Jones	G. L. Shaw
P. F. P. Lansdown	

Physiology.

R. C. Bret-Day	V. R. Jones

Pharmacology and Materia Medica.

D. Barker	J. M. Holden
E. Beswick	T. C. Hopkins-Husson
D. G. Bluett	J. W. Hughes
J. C. B. E. Carreras	D. J. Joubert
D. W. Clark	G. A. Lawrence
P. J. Cook	M. Mason
L. G. Couch	A. R. Phillips
J. D. Crowlesmith	M. Rayne
D. F. C. Deacon	T. I. Rowland
H. E. G. Dyer	H. N. St. John
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G. A. L. G. Glazebrook	P. R. Wagner
A. K. Hancock	P. J. Wardill
K. M. Herd	R. I. J. Williams
H. G. Hexter	

SOCIETY OF APOTHECARIES OF LONDON.

FINAL EXAMINATION.

June, 1948.

Medicine : *K. B. Kenyon.

Midwifery : E. Killey, H. H. B. Perkins.

* Has completed the examination.

ROYAL COLLEGE OF SURGEONS.

DIPLOMA IN OPHTHALMIC MEDICINE AND SURGERY (D.O.M.S.).

T. Evans Jones

BIRTHS

PORTER.—On July 14th, 1948, at Hove, to Phil, wife of W. A. Porter, M.B., B.S.—a son (Andrew Julian), a brother for Richard.

MARRIAGES

LUFFINGHAM—TAYLOR.—At Great Ayton Parish Church, Cleveland, Yorks., on 19th June, 1948, Raymond Laurence Luffingham to Mary Taylor, S.R.N.

TAYLER—WILKINSON.—At All Saint's Church Blackheath, on 23rd July, 1948, Robert George Opie Tayler, B.A., M.B., B.Chir., to Elizabeth Wilkinson, B.Sc.

TRETHOWAN—ISITT.—On July 29th, 1948, at Bexhill, John Durham Trethowan, M.B., B.Chir., to Kathleen Daphne Isitt, S.R.N.

DEATHS

GOODHART.—On July 16th, 1948, at 40, West Cromwell Road, S.W.5, Gordon Wilkinson Goodhart, M.D., F.R.C.P., aged 65 years.

HODGSON.—On the 25th June, 1948, suddenly, at her home "The Cliff," Higher Broughton, Salford 7, Lucie, the beloved wife of Stanley Hodgson, M.D., J.P., and one-time Sister of Astley Cooper Ward, aged 74 years.

Eds. { H.A.R. R.A.K-E.

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I. HOLLIS, *Secretary*

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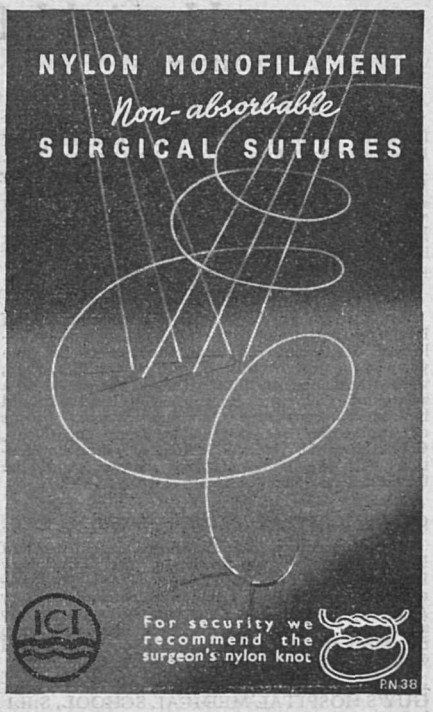
URGENT

Required.—Copies of Wilks & Bettany's "History of Guy's Hospital." Offers should be sent to The Manager, Guy's Hospital Gazette, London, S.E.1.



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G.H.G.

GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

PUBLISHED FORTNIGHTLY

Vol. LXII. *No.* 1567 14*th August* 1948 *Ninepence*

PASSIM

THE holiday season is upon us, but still it rains and rains and goes on raining, and those of us that are left on duty at the Hospital, little affected by whether it is hot or cold, dry or drizzling, send our commiserations to those who are trying to relax between showers and shivers. A little sun on a summer holiday is a necessity to a hard working town-dweller, and we foresee a winter of colds and coughs and possibly worse before us, if the clouds do not disperse before the month is out.

With patients, students and staff, in large proportions, absent, the place seems quiet. The works department make use of the lull to assault the more busy quarters of the hospital. The registrars, coming into their own, get clinics and operating lists and responsibility of their own, and as can be seen from the Guy's Diary, the tempo of the teaching in all departments has eased considerably. At the College restaurant one may walk in at any time and without queuing, sit down—and wait to order a meal—and then wait to be served. It's a good time to be in Guy's, but it would be better if we could look forward to the return of brown faced, refreshed and well furnished honoraries at the end of the month.

MOST of us have been to the Olympic Games, many of us largely because we feel it may not come our way again to see the best in all the world collected before us. The streets of London, somewhat emptied of Londoners, have been filled with visitors from overseas, clothes that betray their wearers origin, and countless cameras. We do hope most sincerely that they have met with the kindness and courtesy that the Englishman can give in abundance, if he so minds, but which have of recent years, tended to be replaced by a rather peremptory manner, possibly bred of the necessity of having so frequently to answer in the negative.

Guy's cannot claim to have gained much Olympic distinction, but the one-time voluntary hospitals as a whole did well to provide the Adonis-cum-Lucifer of the opening ceremony, and the winner of the four hundred metres.

To be one of a kind is a privilege granted to few men in life. Heaven knows we are all different from the rest of our immediate circle, *deo gratias*, but they do say that somewhere, everyone has a like. To do something that nobody else has ever done, however, particularly in an academic field, is worthy of comment. Mr. Cross (long George Cross), a Demonstrator in the Department of Preventive Dentistry, has done it.

The M.S. in Dental Surgery was instituted in January, 1910, but until this year no candidate has ever sat for it. This year, Mr. Cross sat the examination, and not only thereby did he become the first person so to do, but in passing, he became the first and only recipient of the degree. He adds this to a distinguished record including a mark of distinction received in Operative Dental Surgery, Dental Surgery and Special Pathology in the London B.D.S. Finals of 1939. We would like to offer our congratulations not only on his success, but also on being unique.

In the recent B.D.S. Finals, Guy's men shone to the extent of gaining distinctions in one subject in three cases, in two subjects in two cases, and in one case, distinction in three subjects.

The Dental School, despite its close proximity to the mortuary, appears to be very much alive.

Rodent Ulcers

From a Clinical Lecture by Mr. N. L. ECKHOFF, M.S., F.R.C.S.

RODENT ulcers are common facial lesions. They occur for the most part in the triangular area between the lateral angles of the eyes and the corners of the mouth, though it is not at all unusual to find these ulcers on other parts of the face—or on the neck, or on the hands, or occasionally on other parts of the body.

Site incidence :

Nose	27.6%
Cheek	23.0%
Eyelids	17.7%
Temple and forehead	17.5%
Rest of face	10.8%
Neck	1.8%
Trunk and limbs	1.6%

People who have lived for years in the tropics are inclined to have a very dry skin with small scaly lesions (solar dermatitis) and in such skins rodent ulcers are very likely to occur. The occurrence of rodent ulcers in solar dermatitis is an example of chronic irritation preceding malignant transformation.

In such cases the lesions are apt to be multiple. The most remarkable case of rodent ulcers I have seen was in a docker. He had not been exposed to any unusual irritant, other than the weather of this country, yet he had between twenty and thirty ulcers on his face—many of which were removed surgically and the diagnosis confirmed microscopically. I want you to realise this is an unusual case, but it is sufficient to remind you that multiple lesions can occur. I have had a few cases where X-ray treatment for benign conditions has been followed after twenty to thirty years by rodent ulcer (in addition to those in which frank epithelioma has occurred).

Rodent ulcers should be easy of recognition. They grow slowly, and therefore the history is long. An ulcer a centimetre across may have taken a year or more to grow. It is usually said to have started in a "pimple," the top of which has been scratched off to produce a little bleeding. The blood coagulates, and a crust forms, which remains until it is again disturbed. Very slowly the ulcer increases in size, and fibrous tissue in the centre may produce an appearance of healing. Rodent ulcers are usually circular or oval, but may in late cases become completely irregular in shape.

The edge has a waxy, beaded appearance and is elevated slightly above the level of the surrounding skin. It is rolled but not everted. The floor is usually fairly clean, and as above-mentioned, may show a tendency to heal. In some instances the central part does not break down, and a small elevated button is found, which makes the term rodent ulcer seem inappropriate, and may mislead the unwary and thereby delay diagnosis. It is, however, in such cases that the characteristic waxy appearance gives a clue to the diagnosis. The base of the ulcer is not indurated, though fixity to underlying structures occurs later. Glandular enlargement does not occur, there is little discharge, and no pain—unless underlying bone is involved.

Histologically they fall into a group of basal celled carcinomata, other notable examples being multilocular cysts of the jaw (adamantinomata) mixed salivary tumours, and carcinoids of the appendix. On section one finds cords of deeply staining squamous cells, similar to the basal cells of the epidermis, without cell nest formation.

Treatment.

There can be no doubt that radiation therapy is the best treatment for the vast majority of early cases. More than 90 per cent. of those ulcers are cured by a suitable application of radium. Radium has the great advantage that it can often be applied in the form of a plaque, quite painlessly in the Out-patient Department, and that the ulcer disappears in due course, without trace, or at least with the minimum of thin supple scarring. Although rodent ulcers may disappear with a dose of 1500r, a dose of 5000r and 6000r is indicated to ensure against recurrence. In ulcers near the eye this treatment may be dangerous in view of the risk of damage to the cornea. Surface application gives poor results with infiltrating lesions. Implantation with radium needles is more effective. In ulcers overlying cartilege or bone I have formed the opinion that radium

is not entirely satisfactory. At least the cases referred to me in which recurrence has occurred after radiation are often in this group. Of one thing I feel sure and that is that rodent ulcers definitely attached to cartilage or bone are not suitable for radiation therapy. The risk of radiation necrosis of bone or cartilage is such that adequate radiation cannot safely be given. In fact such ulcers are exceedingly difficult to treat by any method.

In the National Radium Commission figures cases are divided in those where the lesion is of skin and subcutaneous tissue only (Stage 1) and those where deeper tissues are involved (Stage 2).

Stage 1 has 92.6% of cures.

Stage 2 has 66.9% of cures.

Surgical treatment.

Whereas excision can be practised for rodent ulcers, there is some evidence that Stage 1 cases, *i.e.* those that are not attached to deeper structures, respond better to radiotherapy than to surgery. Certain it is that imperfect surgery, whether by niggardly excision, by imperfect destruction with Carbon Dioxide snow, or diathermy, produces recurrences. Since the results of radiation are so good these cases should be given the benefit of this treatment in the first instance. Let it be noted, however, that insufficient radiation is quite as unsatisfactory as insufficient surgery.

Stage 2 cases, *i.e.* where the ulcer is attached to bone or cartilage or eyelid, and those in which radiation has been found wanting, should in my opinion be given the benefit of early surgery, and I am glad to say that many such cases are frequently sent on to me by my radiotherapeutic and dermatological colleagues. I do not wish you to believe that cure in such cases is easy, but I do believe that a reasonable prospect of cure can only be obtained by wide excision. Some knowledge of plastic principles is needed for handling these cases. In the main the repair is effected by the use of flaps.

Flaps.

There are four varieties, sliding, advancement, rotation and transposition flaps.

A simple excision can often be closed by *sliding* flaps. The skin is undermined for a reasonable distance on each side of the defect, and the edges of the excision can then be brought together without tension or inversion.

When the ulcer is situated in such a position that tissue cannot be obtained from each side of the defect produced by excision, *e.g.* where the nose meets the cheek—a flap will have to be obtained from one side only. This can be achieved by *advancement.* The flap may well be wedge-shaped, thus improving its blood supply and ensuring against ectropion. It is marked out accurately, incised at each edge and dissected back with care so as to retain its vascular supply. Provided the flap is of correct dimensions it can then easily be advanced to fill a reasonably large defect.

On the forehead or cheek a defect can often be closed by a *rotation* flap. The edge of the flap is designed as the arc of a circle. The semi-circular flap is lifted as before, and rotated into the defect. In older people the skin can be stretched more than in the young, but for a defect one inch across, the arc of the circle may have to be about six inches.

In other situations—especially around the eyelids and mouth—some distortion may be produced by the similar methods described above. Here a *transposition* flap may be required. For example, in a defect of the lower eyelid, a flap may often be taken from the upper lid, lifted with its base at the canthus, and transposed bodily to the lower lid, or similar transposition can be performed around the mouth. Each flap has to be most carefully designed and executed.

When large portions of the nose have been destroyed a forehead rhinoplasty will be required. This is really an extreme example of a transposition flap.

Repair by such flaps from the vicinity produces by far the best cosmetic result, and these should always be used if at all possible. Only when it is clear that the defect cannot be covered by this means should free grafts be used. These may be required when large portions of eyelid skin have to be removed, and a sufficiency cannot be found in the opposing lid. The repair of whole thickness defects of the eyelids is a subject of some complexity which I cannot deal with here.

Recurrences.

Recurrences are unfortunately all too common in Stage 2 cases. It has been my misfortune to have to handle many that were fixed to cartilage or bone when I first saw them. I cannot claim to have had very great success in this group.

I can think of one (of a cystic type) that has recurred steadily since 1930. Another has just left the ward. The original ulcer was small and attached to the supraorbital margin. She has had her eye and the bone above it removed, but the ulcer still recurs.

Yet another came to see me last week, with ulceration beneath a forehead flap placed to cover a defect in the nose and cheek, after removal of a large portion of skin and bone of the maxilla.

Once bone is involved, even radical surgery seems inadequate to deal with the problem.

I would like to draw your attention to certain unusual cases.

A.B. This man was first sent to me in 1928 by Mr. Slesinger, who had apparently successfully destroyed a rodent ulcer with diathermy. The left half of the nose was missing. In due time I performed a rhinoplasty, but had the mortification to find a recurrence at the edge of the new nose a year or two later. From then onwards he was admitted repeatedly for recurrence of ulceration, which I attempted to destroy with diathermy. At the last attempt in 1943 the recurrence was so massive in the nasal cavity, that I could do little. Cervical glands were also enlarged. He mercifully died of bronchopneumonia a few days later.

F.R. This patient I inherited from Sir Heneage Ogilvie. When I first saw him his left eye had been removed. I was fated to see the ulcer spread (in spite of frequent assaults with diathermy) until it wandered across the bridge of the nose and destroyed the other eye. He finally died with ulcerating glandular metastases.

I.W. First seen in 1941 with a rodent ulcer over the inion following years after X-ray treatment for ringworm. This was then adherent to bone. A large portion of bone was removed with the ulcer, but recurrence was slow and steady and finally involved a six inch circle—including the dura. She died of intracranial spread. Secondaries were found in the cervical glands.

R.D. A year ago I saw an old woman of seventy-six with an ulcer on the forehead about 5 cm. across, that had all the appearances of a rodent. This was treated with radium, with gratifying results. She came back last week with a chain of glands in that side of the neck, and a few on the other side. I have not yet had an opportunity to take a gland for section.

These four cases indicate that under certain circumstances rodent ulcers may metastasize. Dr. de Navasquez has reported this occurrence elsewhere, and I hope to go into the matter more fully on another occasion. There may be some pathological argument that these cases were epitheliomatous from the start, but I am anxious at least to emphasise that certain ulcers, that have all the clinical and microscopic appearances of rodent ulcers, pursue a slow but insidious and finally malignant course.

The greatest circumspection is therefore indicated in the earliest treatment.

Guy's Diary

AUGUST

ACADEMIC

August

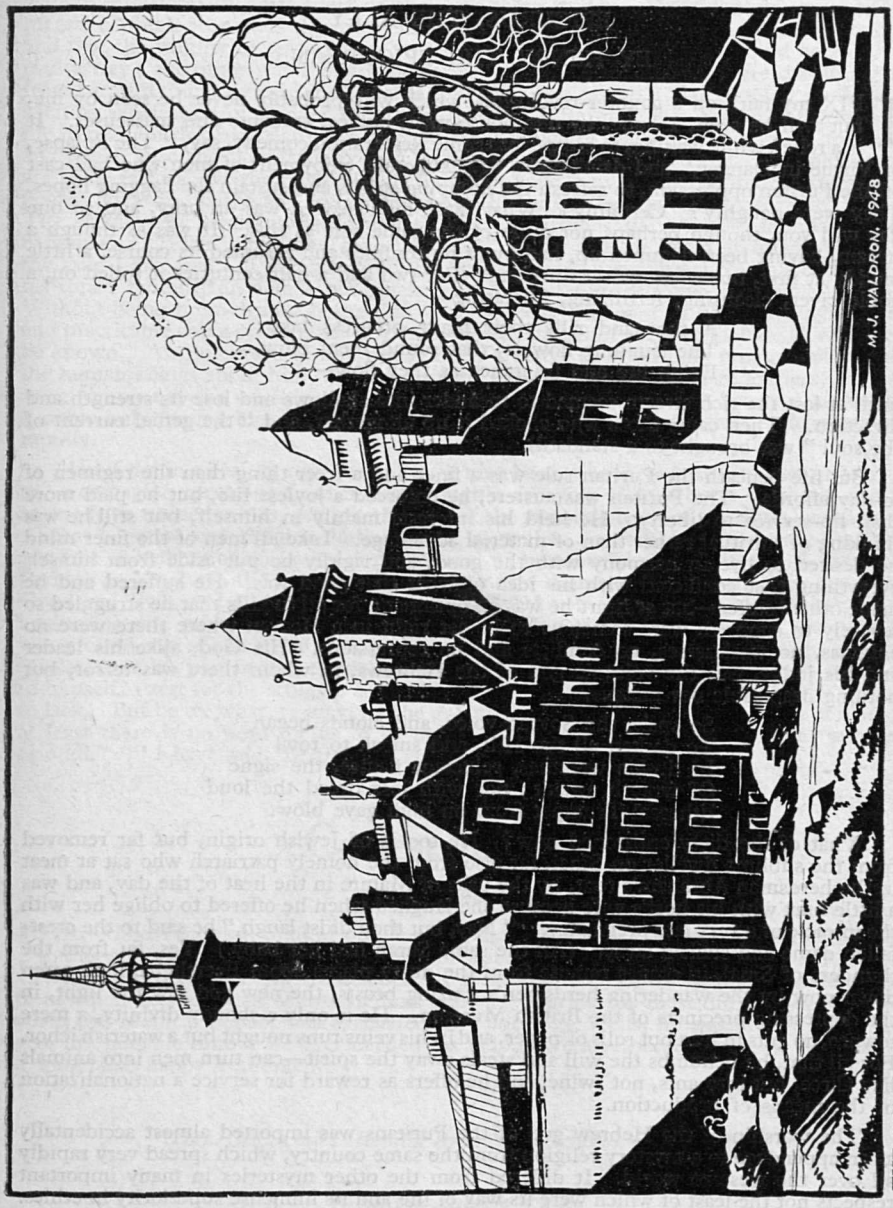
16th. 3.30. Demonstration in Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.
4.45. Post-graduate Lecture. Dr. Barber. "Scurvey." Diplock.

23rd. 3.30. Demonstration in Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.
4.45. Post-graduate Lecture. Mr. C. Nicholas. "Surgery in Childhood." Diplock.

SPORT

21st. Free.

28th. 2.30. Cricket XI. *v.* Metropolitan Police (Away).



THE COLLEGE—NEW LOOK 1948

Glimpses of the Unorthodox—III.

EPICURUS, THE ALLY.

BY HENRY THE EPICUREAN.

I FIX my faith on a counter-revolution, which will probably never be seen by me, but will be seen, I hope, by our house-men, nurses, students and masseuses. It is a relief, while waiting, to escape into some Restoration comedy, say, "The Relapse, or Virtue in Danger," and drinking in the exuberant enjoyment of men who had cast off the Puritan oppression, to refresh the drooping spirits and sustain the flagging hopes. They were naughty? Certainly! What these men needed was an orgy, and so one day will you, though perhaps not quite of the same sort as this. It was as though a stream, having been dammed up, had burst its confines and resumed its course, a little muddy at first, but what matter for that? For two and a half centuries it rolled on, a noble river, cleansing, fertilizing, liberating—

> A thousand rills their mazy progress take:
> The laughing flowers, that round them blow,
> Drink life and fragrance as they flow—

until at last the rich stream seemed to meander into shallows and lose its strength and direction. Then came those who choked it up altogether, and "the genial current of the soul" was brought to a standstill.

But life beneath the Puritan rule was a finer and a freer thing than the regimen of to-day affords. The Puritan was austere, he enforced a joyless life, but he paid more than lip-service to liberty. He held his interests mainly in himself, but still he was thinking of spiritual rather than of material advantage. Like all men of the finer mind he desired to live in harmony with the good, and rigidly he put aside from himself everything that conflicted with his idea of what that good was. He suffered and he made others suffer—but at heart he was an optimist; for all the ills that he struggled so severely to suppress were somehow to be set right in a Heaven where there were no enigmas, no weaknesses, no conflicts and no repressions. His God, alike his leader and his judge, was the volcanic god of the Hebrews, in whom there was terror, but nothing despicable nor mean.

> So spake the Sovran voice, and clouds began
> To darken all the Hill, and smoak to rowl
> In duskie wreathes, reluctant flames, the signe
> Of wrauth awak't; nor with less dread the loud
> Ethereal Trumpet from on high gave blow.

What of the diety enthroned now? He too is of Jewish origin, but far removed from the sublime dweller on Sinai, far also from the homely patriarch who sat at meat in the herdsman Abraham's tent, by the oaks of Mamre in the heat of the day, and was a little hurt with his host's wife because she laughed when he offered to oblige her with the miracle of a very late pregnancy. "Nay, but thou didst laugh," he said to the crest-fallen dame and stalked away. (All the same Sarah had her baby.) Yes, far from the thunders of Sinai, in scenes remote from the dusty plains about Beersheba, long eaten down now by the wandering herdsmen's grazing beasts, the new god saw the light, in the depressing precincts of the British Museum. He is only a shoddy divinity, a mere townee, no guts in him but rolls of paper, and in his veins runs nought but a waterish ichor. For all that, he benumbs the will and steals away the spirit—can turn men into animals like Circe, but into ants, not swine, and he offers as reward for service a nationalization of the means of production.

The worship of the Hebrew god of the Puritans was imported almost accidentally as an appendage to a mystery religion from the same country, which spread very rapidly all over the western world. It differed from the other mysteries in many important respects not the least of which were its way of life and its immense superiority in ethics. Its benefit has been incalculable, but the mystery is now no longer a mystery, the mythology, beautiful though much of it is, is plainly mythology and the ethics and the way of life remain. We are better off than the Greeks, because their gods had no ethics and when their credibility decayed became no more than beautiful phantoms. From the Greeks too we may get help.

It was into that world that Epicurus was born and in it he showed men how to live. Wisely he based his system on the work of the great scientists who had gone before him, men whose discoveries gave him a view of the Universe, Nature and Man's place in Nature fundamentally similar to our own; and one may add that any one who hopes to achieve intellectual honesty must do the same thing to-day. He laid down two fundamental concepts: one was that the senses alone could provide a basis on which to build and that the validity of reason must be tested by the senses or else it would be sure to lead astray; the other was a physiological principle that living beings are driven away from harmful things by pain and towards beneficial by pleasure. The simplest pleasures, such as satisfaction of hunger and thirst, present little difficulty, but in the complex life of man much perspicacity is needed to know which of many other pleasures are true and which false and how far they may be rightly indulged. The intellectural pleasures are to be rated above the physical, but those too have their place. Ambition, thirst for power, love of luxury and over-refinement, Epicurus thought were altogether false. The ethics were straightforward and sound. A virtuous life was the foundation of happiness. "Plain living and high thinking" might well be taken as watchwords of the true Epicurean. The philosophy of Epicurus was the most successful of any in his time: modified in details but not in principles, it suits our own time equally well. Without being promulgated as the last word, it yet offers a way of life that is agreeable and practicable and a system that is soundly based, though it may not include all that can be known. An Epicurean to-day would be in a better position than nine out of ten of the human beings about him, who are drifting like boats, oarless and rudderless, or else are given over to the worship of the deplorable deity aforesaid. It is, however, a system suitable only for intelligent and cultured men. In the hands of others it degenerates rapidly.

Man is not in a healthy state just now: it may be that he is ready for another mystery, not a contagion spreading from below through a decaying society, but a synthesis originating from trained minds, put together out of the pressing needs of the time, embracing all that is genial and joyful including sexual as well as unsexual love, fostering the full and free enjoyment of life, without dogma and without overshadowing fear. A dream? Perhaps! Yet I see the world about me as a vast drama, a Titanic struggle between Good and Evil, or Love and Hate—call them what you will. One of Epicurus' most interesting and attractive predecessors was Empedodes, who thought that the world was ground out of the strife of opposing principles, love and enmity. Perhaps a new revelation of his part in this eternal conflict may come to man, restoring to him a pride in himself, a zest for the struggle and a proper independence, all of which he now seems to lack. But be we what we may, let the dream come from gate of horn or gate of ivory, at least there is no need for us to be *ants*. "Denique caelesti sumus omnes semine oriundi." "I have said, Ye are gods and children of the Most High."

Correspondence

"Appreciation"

SIR,—The Technical Staff of the Hospital and Medical School have asked me to take this opportunity of adding to Professor Spurrell's appreciation of Mr. T. J. Evans on his retirement. We remember his great kindness, courtesy, and consideration to us when he was Dean of the Medical School. During the most difficult war period when the Medical School was evacuated to Tunbridge Wells, he was always ready to give his valuable time if we ever needed his help. We all sincerely hope he will enjoy a long and happy retirement.

Yours, etc.,

N. E. BEDOW.

(Hon. Sec., Guy's Hospital Branch, Association of Scientific Workers).

Hospital Rugby Cup.

SIR,—For twelve solid years I have taken the *Gazette*, waiting for the great news that appeared in your edition of April 10th. It made good reading indeed and has been passed on with some relish to the few local Guy's men and particularly the Mary's men. It is just over fourteen years since St. Mary's took the cup from us

after two memorable games, the first of which was a pointless draw and the second won by them by a penalty in the last few minutes of the game. Since then they seem to have enjoyed a monopoly that more properly belongs to the Borough, and it has been most satisfying to follow the gradual improvement in the performances of the fifteen during the last two years. The splendid performance put up in the cup final was a fitting climax to a successful season.

Local inhabitants of the Borough would be surprised at the interest taken by English hospital men in this country in the rugger cup. Personally, I always read the Sport section of the *Gazette* first, changes of address second, and the rest a poor third. (In the summer there is very little to read at all !).

Congratulations to the 1st fifteen. May they repeat it with interest next year and all succeeding years.

Yours, etc.,

J. E. GIESEN.

33, Laings Road,
Lower Hutt,
New Zealand.

" Ship "

SIR,—Might I use your columns to announce that I have sent to Shipcott two cheques of £29 and £54 18*s*. 6*d*. from subscriptions I have received on his behalf. I think I have acknowledged each individual subscription but as some of them were handed to me at odd moments it is possible that I may have left someone out. I would therefore be grateful if you could find room to publish the list of subscribers and I trust then that if there are any omissions anyone affected will let me know.

Yours, etc.,

CHARLES BAKER.

The Wardens' House,
Guy's Hospital.

H. J. B. Atkins, C. G. Baker, J. P. E. Bamber, P. Bishop, R. D. Blachford, P. L. Blaxter, R. C. Brock, A. Bulleid, W. A. Bulleid, D. W. Burnford, P. W. Clarkson, Sir John Conybeare, F. Cook, R. W. Cope, A. G. Cox, C. Coxon, W. D. Doherty, A. H. Douthwaite, P. A. Gardiner, J. Gordon, C. A. N. Hicks, W. Hughes, J. K. M. Jabir, D. MacG. Jackson, R. U. F. Kynaston, A. Laver, C. Laver, A. B. Lee, D. Leeming, E. T. Lloyd, M. J. McArdle, J. McArthur, W. N. Mann, J. N. Martin, Grant Massie, W. Mayman, O. G. Morgan, M. Morton Palmer, Sir Heneage Ogilvie, M. A. Partridge, H. L. Phillips, N. Power, C. Lane Roberts, I. G. Robin, B. Rowlatt, A. Batty Shaw, M. Shaw, D. Stafford Clark, J. F. H. Stallman, Sir Charles Symonds, S. E. Theis, S. H. Wass, E. A. Williams, E. C. Zorab.

SIR,—I would be glad if you would allow me to thank all those who have so generously subscribed to the cheque which I have received from Dr. Baker on their behalf, and to say how much I appreciate their kind thoughts for my future welfare.

I remain,

Yours truly,

63, Gervase Road,
Edgware, Middx.

F. R. SHIPCOTT.

" Shovell "

SIR,—Readers of the *Gazette* may like to have this brief addition to the interesting article on " The Ship & Shovel," by G.A.R.W. On the beautiful rocky beach, Porthellic, St. Mary's, Scilly Isles, is a small upright stone which marks the spot where the body of Sir Clowdisley Shovell was washed ashore when his ship was wrecked. It was then, as the writer states, taken to Westminster Abbey. Scillonians say that Sir Clowdisley disregarded the advice of the native sailors on board when his ship floundered on the rocks.

Yours, etc.,

Guy's Hospital.

F.T.

"1888 and all that"

SIR,—The quaint little picture of the Ship and Shovel revives memories of its landlord, Harry Milson and his Doctors' room. He was a true friend of Guy's, always to be relied on in the event of arrest on Varsity Boat Race nights or Cup Final celebrations. The cottages adjoining in Ship Alley were, before the College was built, largely let to Guy's men. I recall No. 2 with its flat tin bath and the old landlady pouring a can of tepid water over my shoulders whilst squatting in it.

My contempories will recall the chalet, a wooden structure extending from the Residents' sleeping quarters to the high wall in Maze Pond. The Superintendent had directed that after a certain hour at night, no one must be allowed past the Lodge and so the window in the Chalet was useful, a rope ladder being available.

The Front Surgery, vide The Graphic, might well have added "Phyllis" the day sister, an alert little body with her corkscrew curls dancing round her neck: or the night Sister "Auntie" Arnold, obese and ashmatic; both lacking those 'ologies demanded to-day by the Royal College of Nursing, but nevertheless highly efficient. They both gave a full life service. On the day that "Auntie" retired with a pension she fell when mounting the stairs to a room in Crosby Row and was carried back to the Hospital: it was an intracapsular and she died where she would have wished.

The Front was noted in those days for the impromptu weekly clinical held by Mr. Clement Lucas, attended by many men of other firms than his own: they were something in the nature of 20 questions with Mr. Lucas as the question master, and how the old Surgery smelt of carbolic, the disinfectant of those days. I wonder whether the authorities have retained the apparatus that Mr. Coles used to smother us with his carbolic spray.

Yours, etc.,
FRANCIS H. EDWARDS.
(Vintage 1888).

Brightlands,
Reigate.

Sport

CRICKET

GUY'S *v.* HORLICKS

At Slough. Won by 49 runs.
Saturday, 31st July.

The decisive manner in which the opening pair, Woodford and Russell, set about the Horlicks bowling was singularly lacking in the symptoms of night starvation. After determining that the bowlers were not using the new ball to any advantage, they were able to carry the score along steadily. After some forty minutes, with his score at 21, Woodford was caught in the slips off Cutmore, and that was 54 for 1 wicket. Gilbert joined Russell who quickened his pace and soon passed his maiden 50. Not long after this, in the over before lunch, he was l.b.w. to Rees for 65. Lunch was taken with the score 90 for 2.

After the interval neither Gilbert nor Nicholson played the bowling confidently and there followed a cavalcade of batsmen to and from the crease until O'Driscoll and Scott came together for the eighth wicket. The former hit 29 quick runs with his accustomed vigour, supported by some accomplished batting from his partner. The last Guy's wicket fell for a total of 161 runs.

O'Driscoll, Russell and Woodford were in turn unable to dislodge the Horlicks opening batsmen until after tea, at 51, Thompson played over a yorker from Russell. At this juncture, Nicholson wisely replaced this bowler and found he was able to obtain considerable turn off the wicket. For his length, accuracy and leg spin, Horlicks had no answer and there was rout of the remaining batsmen. Nicholson's first rate spell is most adequately summarised in his analysis, 6 wickets for 8 runs in 6 overs. This performance rather overshadowed the supporting bowling of Tucker, who took 3 wickets for 16 runs.

Guy's 161 (P. S. B. Russell 65, H. Johnson 4 for 24).
Horlicks 112 (F. Rothero 38, R. G. Nicholson 6 for 8 runs).

GUY'S *v.* MERSTHAM

At Merstham. Won by 159 runs.
Tuesday, 3rd August.

On this damp bleak Tuesday morning, Guy's ventured into the heart of Surrey to meet the village of Merstham on what is, without exception, the prettiest cricket green of our acquaintance.

After an excellent lunch in the Feathers, play was just possible, so Woodford and Russell went forth from the pavilion to join battle with the men of Merstham. The soft state of the wicket and the length of the bowling made possible a rapid Guy's advance, one which, no matter how he deployed his forces, the opposing captain was unable to stay. With his score at 46 and after completely dominating the play for some four or five overs, Woodford was magnificently caught on the boundary. Cook took the ball dropping from a great height through the outstretched leaves of an oak. That was 83 for the first wicket. Nicholson and Whittaker further pummelled the opposition in an enterprising sixth wicket stand for 55 and finally the last man was defeated with the total at 180.

The Merstham innings, realising only 21 runs, was so short as to be almost beyond description. O'Driscoll's opening over boded ill for the defending batsman, the ball coming off an accurate length at a great pace. Each of his subsequent overs produced one or two wickets, while one exceptional maiden yielded four. In the intervening overs, bowling with strength, heart and hope, Russell was utterly impotent at the opposite end. In 7 overs and 2 balls this Irishman took all 10 Merstham wickets for the trifling cost of 11 runs. To do so he completely uprooted a stump eight times, caught and bowled another man, and benevolently allowed Williams to partake with a catch behind the wicket. A truly superb performance.

Guy's 180 (J. F. Woodford 46).
Merstham 21 (H. M. C. O'Driscoll 10 for 11 runs).

P.S.B.R.

The Inter-Hospital Cricket Semi-finals, Guy's *v.* Middlesex, which was to have been played on July 28th, was scratched, at short notice, by our opponents. The date of the new fixture has not yet been fixed, as both hospitals have arranged cricket tours during the early part of August.

TENNIS

On 20th July Guy's played Cheam L.T.C. and won by 9 matches to nil. Our team repeated this score against Sundridge Park L.T.C. four days later. This shows there has been much improvement in the team's play as both these clubs beat us earlier in the season.

On Sunday, 1st August, we had our most enjoyable match of the season. Professor Johnston fielded a strong team against us including a Wimbledon player and our last year's captain. The team consisted of Professor Johnston, Professor Mackintosh, H. G. N. Cooper, Mr. Blackburn, Mr. Stamm, Mr. Albers, Mr. T. Lewis and Mr. I. Kelsey-Fry. In the first round Hume and Searle struggled against H. G. N. Cooper and Mr. Blackburn to 9 games all in the final set before it was decided to call the match a draw. Opie and Chalk were beaten in the third set by Mr. Albers and Mr. Kelsey-Fry. Rhys-Jones and L. Mackey scored a victory for us against Mr. Stamm and Mr. Lewis. The struggle continued till 7.15 p.m. when the score was : 3 wins to Guy's, 2 wins to Professor Johnston's VI and 4 draws. After an enjoyable tea, provided by Mrs. Kirby, Professor Johnston presented the Washbourn Lane Cup which was retained by K. M. Hume.

Despite the fact that Professor Johnston has retired from his office of Superintendent, we very much hope that he will find time to continue to be the President of the tennis club.

K.M.H.

GOLF

INTER-HOSPITAL SCRATCH GOLF CUP

The Hospital did very well by winning the Cup at Sundridge Park on July 14th from St. Thomas's. *Scores.*

J. M. D. Grant	.. 34	Stapleford	Points
D. F. Cottier	.. 31	,,	,,
N. E. Price	.. 24	,,	,,
D. M. Griffiths	.. 21	,,	,,
W. Vans Agnew	.. 21	,,	,,
J. D. Crowlsmith	.. 18	,,	,,

Guy's ..	.. 149
Mary's ..	.. 135
Middlesex	.. 114
St. Thomas's	.. 110
Bart's ..	.. 103

LONDON UNIVERSITY KNOCK-OUT CUP

Guy's beat Mary's who are our strongest challengers in the first round by 5 matches to 1.

J. M. D. Grant won 5/4.
D. F. Cottier won 7/6.
N. E. Price lost 3/2. Guy's 5 matches.
W. Vans Agnew won 5/4. Mary's 1 match.
G. Wilson won 2 up.
J. D. Crowlsmith won 1 up.

LONDON UNIVERSITY AWARDS

Full Purple.

Swimming : P. Kendall.
Athletics : E. N. McKenzie.

Half Purple.

Fencing : D. Wilson.

GUY'S HOSPITAL MUSICAL CLUB

EIGHTH CONCERT.

Encouraged, doubtless, by the recent success of their last Informal Concert in June, and the singing of their choir at the Annual Service of the Royal College of Nursing, the Music Club presented another Informal Concert of Chamber Music in the Nuffield Nurses' Sitting Room on Monday evening, July 19th.

The programme was one of great variety, ranging through all styles and ages from early 17th century songs by Peerson to the early 20th century music of MacDowell, Debussy and Delius. It opened in a quiet, intimate manner, with Kevin Anderson playing two pieces for the violin. Although far separated in time of composition these two items, the well-known Serenade from Hassan by Delius and an Aria by the little known composer Tanaglia, had a remarkable affinity of mood. The Aria especially was most beautiful with its soft, smooth melodic line.

Shirley Beck, accompanied by John Soothill, then sang three songs by Purcell, Younge and Schubert respectively, all in a more lively strain. Miss Beck has a pleasing voice and sang so well that I do not think it would be unkind to express the hope that she will develop as solid a tone in the lower ranges as she already possesses in the higher. Later in the programme Alan Parks sang two songs, " To a Wild Rose " by MacDowell and " My Abode " by Schubert. Like Miss Beck's choice, " Gretchen and the Spinning Wheel," this latter song showed Schubert in his more vigorous style. Good though both these vocalists were these two songs confirmed the impression gained at the previous concert that Schubert's songs, though excellent, are extremely difficult to sing. Despite Mr. Parks' intimation to the audience that this was so, as compared with MacDowell, there can be no doubt that he was in much better voice for the Schubert. Here was richness of tone indeed, and his " Heroic Style " of singing brought us the vigour and energy called for, but lacked that delicacy of expression so necessary for Schubert.

In the other vocal items, John Soothill confined himself to English songs, which with their robust purity, as opposed to the richer romanticism of Schubert for example, seemed almost ideally suited to his voice. There was an unofficial interval before the performance of the four songs for voice and three viols by Peerson, during which the three viols (Anderson, Salmon and Tayler) provided, and seemed to obtain, amusement whilst arranging their seating and attempting to achieve agreement over the tuning of their instruments. The first attempt was not altogether successful, but alter a false start they settled down for the first three songs, of which the last, " Oh Precious Time," had a haunting sadness about it and included the oft repeated line " Oh Woe is me." This had an ominous air of prophecy, for in the next, more vigorous, " Now Robin laugh and sing," it might well have expressed Mr. Soothill's sentiments at the loss of agreement amongst his accompanists. Once again, John Soothill closed the concert with two highly enjoyable English Folk Songs.

Before that, Thurstan Brewin played two piano solos by Debussy, the well-known " Claire de Lune " and the Arabesque No. 1. In both, Mr. Brewin succeeded magnificently in capturing the impressionist romanticism of the music and fully deserved the warm applause he received.

I have deliberately left till last all reference to the contributions of the two wind instrumentalists, Ian Kelsey Fry, flute and Arthur Blyth, clarinet, for there can be little doubt that their performances set the highest standard in the whole concert. Mr. Kelsey Fry, accompanied by Anthony Salmon, gave an excellent performance of Bach's lovely flute sonata in C. The effortless skill, decisive rhythm and care of interpretation of both artists was a real delight. Mr. Salmon again demonstrated his value and ability as an accompanist when Arthur

Blyth played a Romance in B flat for clarinet by Schuman. Mr. Blyth's playing in this and in the slighter, but no less delightful, "Graceful Tune" by Kell, was compounded of great skill and careful expressiveness, deserving of the highest praise.

At the end of the evening, Mr. Soothill appealed for fresh talent to join the Club.

In the hope that this appeal may reach some not present at the concert we repeat it here; anybody who is interested and who can "make" music is invited to get in touch with John Soothill and to offer their services for subsequent concerts, the presentation of which we eagerly await.

D.C.D.

Hospital Information, etc.

NOTICES

GORDON LECTURER IN CLINICAL CHEMISTRY.

Applications are invited for the appointment of Gordon Lecturer in Clinical Chemistry at Guy's Hospital Medical School.

Applications should be addressed to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, from whom further details of the appointment may be obtained.

NUFFIELD HOUSE RESIDENT AND MEDICAL OFFICER.

Applications are invited for the post of Resident Medical Officer in Nuffield House. Duties to commence on September 1st, 1948.

Salary will be at the rate of £300 per annum for the first six months of service, rising to £350 per annum during the second six months if reappointed, with residential emoluments. The salary rate may be varied when the scales of remuneration laid down by the Ministry of Health for Resident Medical Officers are known.

Applications should be lodged in the Superintendent's Office on or before August 21st.

GUY'S HOSPITAL, S.E.1.

Applications are invited for the appointment of Registrar (whole-time) in the Department of Diagnostic Radiology as from 1st October, 1948. Appointment for two years in the first instance. Salary £600 per annum. Forms of application are obtainable from the Dean, Guy's Hospital Medical School, to whom applications with the names of three referees should be forwarded not later than 25th August, 1948.

GUY'S HOSPITAL, S.E.1.

Applications are invited for the appointment of Registrar (part-time) in the Department of Psychological Medicine. The appointment is for two years in the first instance as from 1st October, 1948, with attendance on four sessions per week at a salary of £325 per annum. Applicants should have special knowledge of child psychiatry. Forms of application are obtainable from the Dean, Guy's Hospital Medical School, to whom applications with the names of three referees should be forwarded not later than 25th August, 1948.

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1.

Applications are invited for the appointment of Demonstrator (whole-time) in the Physiology Department as from 1st October, 1948. Appointment for two years in the first instance. Salary £550 per annum, plus superannuation and family allowance. Forms of application obtainable from the Medical School Office and should be lodged with the Dean not later than 25th August, 1948.

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1

Applications are invited for the appointment of Assistant to the Director of the Department of Pædiatrics, as from 1st October, 1948. Appointment for two years in the first instance. Salary £750–£1,000 per annum, with superannuation and family allowance. Applicants should hold the M.D. or M.R.C.P. Copies of Standing Orders for the appointment are obtainable from the Dean, to whom 10 copies of application, with the names of three referees, should be forwarded not later than 25th August, 1948.

GUY'S HOSPITAL DENTAL SCHOOL.

Post-graduate courses will be held as follows:—

Dental Prosthetics: a month's course, mornings only, commencing on 1st November, 1948. Fee 20 guineas.

Advanced Operative Technique: a month's course on alternate days, commencing on 22nd November, 1948. Fee 20 guineas.

Children's Dentistry: a month's course on alternate days, commencing on 23rd November, 1948. Fee 20 guineas.

Dental Radiology: a course of three Saturday morning sessions on October 16th, 23rd and 30th. Fee 3 guineas.

Further details may be obtained from the Dean, Guy's Hospital Dental School, London, S.E.1.

GUY'S HOSPITAL MEDICAL SCHOOL
JUNIOR STAFF APPOINTMENTS.

The following appointments to the Junior Staff were made by the School Council on 22nd June, 1948, for the periods as stated:—

Junior Assistant (Research) to the Director of the Department of Surgery.
A. G. Parks, M.R.C.P. (2 years).

First Assistant to the Director of the Department of Diagnostic Radiology.
F. L. Ingram, M.R.C.S., L.D.S., D.M.R.D. (1 year).

Assistant to the Director of the Student Health Service.
N. Southwell, M.D. (1 year).

Surgical Registrar.
A. J. Drew, F.R.C.S. (1 year).
B. G. A. Lilwall, F.R.C.S. (1 year).
H. P. Guerrier, F.R.C.S. (2 years).
D. Mc.G. Jackson, F.R.C.S. (7th June to 30th September, 1948).

Orthopædic Registrar.
P. G. Epps, F.R.C.S. (1 year).

Obstetric and Gynæcological Registrar.
G. T. Hammond, M.B., B.S. (2 years).
H. A. Ripman, M.B., B.S., M.R.C.O.G. (1 year).

Medical Registrar.
S. H. Llewellyn-Smith, M.R.C.P. (1 year).
K. S. Maclean, M.D. (1 year).

Registrar (part-time) in the Department of Psychological Medicine.
S. H. Bockner, M.R.C.S., L.R.C.P. (2 years).

Registrar (part-time) in the Ophthalmological Department.
P. A. Gardiner, M.B., B.S. (1 year).
R. C. Jack, M.B., B.Ch. (1 year).
J. C. G. Moore, F.R.C.S.E. (1 year).
D. Shorten, M.B., B.Ch. (1 year).

Registrar (part-time) to the Ear, Nose and Throat Department.
C. N. D'E. Eastes, M.B., B.S. (1 year).

Registrar (part-time) to the Department for Nervous Diseases.
M. J. Parsonage, M.R.C.P. (1 year).

Registrar (part-time) to the Orthopædic Department.
V. M. Franklin, F.R.C.S.E. (1st April, 1948, to 30th September, 1949).

Assistant Director (Female) of the V.D. Department.
Miss J. H. Morton, M.D. (1 year).

Medical Officer (Male) to the V.D. Department.
G. H. T. Lloyd, M.B., B.S. (1 year).
P. S. Silver, M.R.C.S., L.R.C.P. (1 year).

Medical Officer (Female) to the V.D. Department.
Miss J. Halstead, M.B., Ch.B. (1 year).
Miss C. Stacey, M.B., B.S. (1 year).

Assistant to the Director (part-time) of the Department of Clinical Pathology.
E. H. Koerner, D.M. (1 year).

Assistant Clinical Pathologist.
J. B. Foote, M.B., B.Ch. (1 year).
F. L. Jackson, M.B., B.S. (1 year).
B. J. Stephens, M.B., B.S. (1 year).

Lecturer in the Department of Morbid Anatomy and Histology (Griffiths).
P. A. I. Gorer, M.R.C.S., D.Sc. (1 year).

Assistant Lecturer in the Department of Morbid Anatomy and Histology (Gull Students).
J. O. Laws, M.B., B.S. (1 year).

Demonstrator in the Department of Morbid Anatomy and Histology.
R. J. W. Rees, M.B., B.S. (1 year).

Demonstrator in the Physiology Department.
D. J. Anderson, B.D.S., M.Sc. (1 year).
A. F. Ross, M.B., Ch.B., B.Sc. (2 years).

Assistant Lecturer in the Physics Department (whole-time).
W. J. R. Calvert, M.A. (1 year).

Assistant Lecturer in the Physics Department (part-time).
A. H. Walker, Ph.D. (1 year).

Assistant Lecturer in the Anatomy Department.
C. D. Channell, M.B., B.S. (1 year).

Demonstrator (whole-time) in the Anatomy Department.
L. D. Henderson, M.B., B.S. (1 year).
P. G. Large, M.B., B.S. (2 years).

Demonstrator (part-time) in the Anatomy Department.
C. H. Kinder, M.B., B.Ch. (1 year).
D. O'Keeffe, M.B., B.S. (1 year).
W. J. Tulley, B.D.S. (1 year).

Assistant Lecturer in the Chemistry Department.
M. E. Foss, B.Sc. (1 year).
W. L. G. Gent, M.D. (1 year).
P. R. Rowland, B.Sc. (1 year).

Assistant Lecturer in the Biology Department.
E. H. Batten, B.Sc. (1 year).
B. J. Rickard, B.Sc. (1 year).

Demonstrator in the Biology Department.
G. A. Thomas, B.Sc. (2 years).

GUY'S HOSPITAL DENTAL SCHOOL

JUNIOR STAFF APPOINTMENTS.

The following appointments to the Junior Staff were made by the School Council on 1st June, 1948, for the periods stated :—

Half-time Assistant to the Director of the Conservation Room.
Re-appointments for 1 year.
Mr. G. A. Morrant — Mr. W. A. Vale
Mr. A. D. Robinson

Demonstrators of the Operative Dental Surgery.
Re-appointments for 1 year.
Mr. P. C. Grummitt — Mr. G. S. Loader
Mr. C. I. Hagger — Mr. A. R. F. Thompson
Mr. J. G. Hancock — Mr. R. I. H. Whitlock
Mr. R. O. Holland

Half-time Assistant to the Professor of Dental Prosthetics.
Re-appointments for 1 year.
Mr. G. F. Dyer — Mr. T. J. Hancock

Demonstrators in Dental Mechanics and Prosthetics.
Re-appointments for 1 year.
Mr. R. D. G. Gain — Mr. A. Rand
Mr. M. Malleson — Mr. R. J. Wheatley

Half-time Registrar in the Dental Department for Children.
Appointment for 1 year.
Mr. W. J. Tulley

Registrar in the Dental Department for Children.
Appointments for 1 year.
Mr. M. A. Kettle — Mr. H. Richards

Director of the Department of Preventive Dentistry (half-time).
Re-appointment for 1 year.
Mr. G. J. Parfitt

Half-time Assistant in the Department of Preventive Dentistry.
Mr. W. G. Cross. — *Re-appointment for 1 year.*
Mr. A. A. W. Fooks. — *Appointment for 1 year.*
Mr. R. D. Emslie. — *(Granted leave of absence for 1 year).*

Administrative Dental Officer.
Re-appointment for 1 year.
Mr. R. E. Matthews

Assistant Clinical Pathologist to the Dental Department.
Re-appointment for 1 year.
Mr. C. W. T. Shuttleworth

Demonstrator in Dental Histology.
Re-appointment for 1 year.
Mr. P. C. Grummitt

PASS LIST

UNIVERSITY OF LONDON.

ACADEMIC POST-GRADUATE DIPLOMA IN RADIOLOGY.

June, 1948.

Part I.

F. A. Adcock — H. S. Ali

SPECIAL SECOND EXAMINATION FOR MEDICAL DEGREES.

July, 1948.

G. R. C. Deacon — E. J. Rolls
G. H. Fisch — G. L. Shaw
E. T. Johns — R. S. Wells
G. Karpusheff — H. R. Whitaker
D. T. Lovell — C. H. Wilkinson
P. L. Pelmear

M.D. EXAMINATION.

July, 1948.

Branch I (Medicine).

A. St. John Dixon — K. O. Rawlings
D. E. Meredith — T. L. Reeves
T. M. L. Price

Branch IV.
(Midwifery and Diseases of Women)
F. L. E. Musgrove.

The title of Professor Emeritus of Anatomy in the University of London has been conferred on Thomas Baillie Johnston, C.B.E., M.D., on his retirement from the Chair of Anatomy at Guy's Hospital Medical School.

UNIVERSITY OF CAMBRIDGE.

FINAL M.B. EXAMINATION.

Easter Term.

Part I.—Surgery, Midwifery and Gynæcology.

R. D. Allen
P. J. Higgins

M.D.

P. M. P. Eckstein
J. P. M. Bensted

UNIVERSITY OF OXFORD.

*B.A.**

D. S. Hayton-Williams, M.R.C.S., L.R.C.P., L.D.S.

* Honours Jurisprudence.

Human Anatomy and Human Physiology.

June, 1948.

R. A. J. Williams.

Trinity Term, 1948.

Medicine, Surgery and Midwifery.

*R. A. Bruce
*D. P. Winstanley
A. C. M. Mann

* Have completed the examination.

ROYAL COLLEGE OF SURGEONS.

F.R.C.S.

D. T. H. Paine
D. J. Tibbs
Richard Rowlandson
E. A. Williams

PRIMARY F.R.C.S. EXAMINATION.

R. A. J. Baily
H. P. Jones
P. L. Blaxter
M. J. May
P. Coling
R. Owen
B. J. Fowler
J. Wilks
L. W. Godfrey

L.D.S.

FINAL EXAMINATION—JUNE, 1948.

Part I.—Surgery.

E. J. Annen
P. F. Howe
W. J. Bailey
N. R. Howells
R. D. Baker
A. E. Jacques
T. L. Barker
P. B. Morris
R. M. Carson
L. R. W. Powell
J. D. Derry
A. A. Robinson
H. E. Dyer
A. H. R. Rowe
J. C. Farrow
T. K. Walker
W. Finkel
C. B. H. Watson
B. M. Gray
P. J. T. Woodroof

Part II.—Dental Surgery.

C. N. Furnival
P. B. Morris
L. Korodemas-Demas
D. Rubinovitz
H. L. Lefcovitch
J. G. Whitlegg

L.D.S.

1ST & 2ND PROFESSIONAL EXAMINATION, JUNE, 1948.

Anatomy and Physiology.

R. R. Alsop
J. H. McCormick
A. R. Fooks
G. L. Rosy
J. M. Hobbs
C. A. P. Steele
D. A. Holford
P. Sykes
D. M. Kent
A. H. Whitaker

Special Anatomy and Physiology.

K. Ballantyne
C. D. Morgan
S. G. Brangwin
J. C. Petty
G. V. Crine
K. H. Pickup
W. F. Dobson
A. B. Price
P. A. Gardener
I. L. Roth
R. F. Hodson
P. M. Rusden
R. Karat
W. D. V. Ryan
D. M. Kent
E. G. Searle
R. E. Lee
R. Skaith
R. R. Lewis
T. M. Smith
A. W. Mebandtish
G. K. Taylor

Mr. Guy Blackburn has been appointed Erasmus Wilson Demonstrator for one demonstration on diseases of the thyroid gland.

Diploma in Psychological Medicine.

S. H. Bockner.

Election to the Council.

Mr. R. C. Brock was elected a member of the Council with 418 votes at a recent poll.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

M.R.C.P.

July, 1948.

N. B. Finter
J. S. Pegum
W. B. D. Maile
S. Davis
T. E. Oppe

The following have been elected examiners :—

Physiology : Professor W. R. Spurrell.

Medical Anatomy and principles and practice of medicine : Dr. A. H. Douthwaite.

Medical Radiology : Professor G. Stead.

Anæsthetics : Dr. A. Marston.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS

Membership.

The following have been elected to the membership :—

J. C. Holman
H. A. Ripman
T. L. T. Lewis
R. M. Williams
F. L. E. Musgrove

EXAMINATION BOARD IN ENGLAND

FINAL EXAMINATION M.R.C.S., L.R.C.P.

July, 1948.

Midwifery.

J. E. Breese
A. J. Karlish
C. D. Bulstrode
J. A. Ludwig
D. W. Clark
D. N. H. Owen
O. F. Conran
A. M. Platt
I. B. Davies
P. Ronchetti
D. W. A. Drew
G. W. Scott
J. Fine
O. L. Thomas
A. T. T. Forrester
R. D. Walsh
N. W. J. Grummitt
F. R. H. Wrigley
T. E. Jeffreys

Pathology.

R. M. Brown
D. M. Lewis
K. A. Baker
A. H. Mendoza
A. K. Doust
D. S. Noble
J. R. Greaves
N. A. Power
A. K. Hancock
A. E. Richardson
K. M. S. Hume
P. Ronchetti
T. E. Jeffreys
C. W. Taylor
A. J. Karlish
P. R. Wagner
I. Kent
B. L. Whittaker

Medicine.

L. C. Bellsham-Revell
M. S. Kataria
R. M. Brown
J. A. Ludwig
A. A. Craigen
*A. R. Merrill
D. H. Griffiths
P. T. C. Rowan
A. K. Hancock
*R. Southwell
D. F. N. Harrison
*W. F. W. Southwood
*M. Hatton
R. G. M. Stobie
*C. A. Higgins
P. R. Wagner
D. S. Hurwood
R. D. Walsh

Surgery.

D. G. Chalmers
*D. N. H. Owen
*F. A. de Hamel
*J. Rankin
*E. J. F. Filose
*G. J. Schiller
M. W. J. Grummitt
R. J. Vale
E. Killey

* Has now completed the examination.

CONJOINT BOARD.

D.P.M.
S. H. Bockner

D.A.
W. J. Lewis

ORDER OF THE HOSPITAL OF ST. JOHN OF JERUSALEM.

Promotions and Appointments.
Officer.
Frank Law, F.R.C.S.

CENTRAL HEALTH SERVICES

Sir Herbert Eason, C.B., C.M.G., M.D.M.S., President of the General Medical Council, has been elected a member *ex officio*.

BEIT MEMORIAL FELLOWSHIP

D. Veral, M.B., has been appointed to the clinical research unit, Guy's Hospital, "to study the postural hypotension which may follow prolonged rest in bed."

PAPERS BY GUY'S MEN

Allsopp, C. B., and Another. Chemical Breakage of Chromosomes. *Nature*, 1948, **161**, 1011.

Anderson, D. J., and Thomson, L. C. Sulphanilamide inhibition of carbonic anhydrase in whole blood. *J. Physiol.*, 1948, **107**, 203.

Barber, H. The act of dying. *Practitioner*, 1948, **161**, 76.

Buckler, F. R. An epidemic of Glandular Fever. *Arch. Dis. Childh.*, 1948, **23**, 90.

Buxton, John D., and Another. Acute Atropine Poisoning. *Lancet*, 1948, ii, 211.

Cann, R. J. Bilateral Choanal Atresia (two cases). *Proc. Roy. Soc. Med.*, 1948, **41**, 455 (Sect. Pædiat.).

Conybeare, E. T. Vaccination against smallpox. *Practitioner*, 1948, **161**, 108.

Evans, P. R. Bilateral Choanal Atresia. *Proc. Roy. Soc. Med.*, 1948, **41**, **454**.

Harkness, A. H. Anorectal Gonorrhœa. *Proc. Roy. Soc. Med.*, 1948, **41**, 476.

Hunt, J. N. The presence of a peptic synergist in gastric juice: its importance in the estimation of the proteolytic activity of gastric juice. *J. Physiol.*, 1948, **107**, 365.

Hunt, J. N., and Spurrell, W. R. The effects of sucrose upon gruel fractitional test meals. *J. Physiol.*, 1948, **107**, 245.

J. N. Hunt. A method for estimating peptic activity in Gastric contents. *Biochem. J.*, 1948, **42**, 104.

Jackson, Harris. Radiological Casebook XXVII. *Clinical Proc.*, 1948, **7**, 142.

Kauntz, R., and Another. Cardiovascular changes following Electro-Convulsive therapy. *Brit. Heart J.*, 1948, **10**, 57.

Kesson, C. W. Coarctation of the Aorta in the neonatal period. *Proc. Roy. Soc. Med.*, 1948, **41**, 449.

W. Lindsay Neustatter. Child Guidance. *Public Health*, 1948, **10**, 191.

Mackeith, R. Miliary Tuberculide of the Skin. *Proc. Roy. Soc. Med.*, 1948, **41**, 458.

Rewell, R. E. Diseases common to man and other animals. *Annals Roy. Coll. Surg., Eng.*, 1948, **3**, 44.

Vulliamy, D. G. Malignant nasopharyngeal tumour with Exophthalmos. *Proc. Roy. Soc. Med.*, 1948, **41**, 452.

Wright, G. P., and Rees, R. J. W. Brains from Streptomycin-treated cases of tuberculous meningitis. *Proc. Roy. Soc. Med.*, 1948, **41**, 456.

ROYAL APPOINTMENT.

Mr. Douglas Lennie has been appointed Surgeon-dentist to Queen Mary's Household.

APPOINTMENT

D. P. Walther, M.R.C.S., M.R.C.P., L.D.S., has been appointed Orthodontic Registrar to the Hospital for Sick Children.

P. F. Milling, F.R.C.S., Hon. Asst. Surgeon Royal Ear Hospital (E.N.T. Dept., University College Hospital).

CHANGE OF ADDRESS

Mr. and Mrs. Patrick Clarkson, 37, Welbeck Street W.1. (Residence). (Tel.: Welbeck 5625.)

D. G. Dixon, M.R.C.S., L.R.C.P., Sundridge, Charlton Kings, Cheltenham. (Tel.: Cheltenham 3991.)

T. E. Oppé, M.B., M.R.C.P., 53, Lee Road, Blackheath, S.E.3. (Tel.: Lee 1972.)

E. H. Rink, B.M., B.Ch., Keats House, St. Thomas Street, S.E.1; and Bowlinglands, Stick Hill, Edenbridge, Kent (Residence). (Tel. Nos.: Hop 0151 and Cowden 3196.)

L. B. Hilton, Esq., L.D.S., Welbeck Chambers, Main Road, Muizenberg, Cape, South Africa.

W. B. D. Maile, M.B., B.Ch., Chaundler's Farm, Crondall, Hampshire. (Tel.: Crondall 292.)

P. F. Milling, F.R.C.S., 11, Upper Wimpole Street, W.1. (Tel.: Welbeck 0838.)

L. S. Williams, F.R.C.S., Ch.M.O., New Consolidated Goldfields, Ltd., P.O. Box 1167, Johannesburg, S. Africa.

C. J. Zerny, M.B., B.S., 8, Old Hill House, Old Hill, Chislehurst, Kent. (Tel.: Imperial 2566.)

BIRTHS

PUGH-JONES.—On August 2nd, 1948, at Sherwood Lodge Nursing Home, Teddington, to Vera Majorie (née Cole), wife of Dr. Elwyn Pugh-Jones—a son (David Keith, a brother for Margaret, Ann and Christine).

ROBERTS.—On July 29th, 1948, in London, to Sheila (née Hunter), wife of Dr. A. T. M. Roberts—a daughter.

VINE.—On August 4th, 1948, at the County Hospital, Cambridge, to Denise (née Walden), wife of Dr. Maudsley Vine—a son.

WETHERALL.—On July 4th, 1948, at Calcutta, to Ruth (née Caldwell), wife of Robert G. Wetherall—a daughter (Sarah Jennifer).

MARRIAGES

NICHOLS—TOWNSEND.—On June 26th, 1948, at Brixton Parish Church, Roy Reginald William Nichols, M.R.C.S., L.R.C.P., to Ann Townsend, S.R.N.

OPPE—BUTCHER.—On August 5th, 1948, at All Saint's Church, Orpington, Kent, Thomas E. Oppé, M.B., M.R.C.P., to Margaret Mary Butcher, S.R.N.

ROWAN—MONKS.—On July 14th, 1948, at St. John's Church, Blackheath, John Wilson Rowan to Joan Onotia Monks, S.R.N., S.C.M.

Eds. {H.A.R. R.A.K-E.

GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

PUBLISHED FORTNIGHTLY

Vol. LXII. *No.* 1568 28*th August* 1948 *Ninepence*

PASSIM

WHETHER or not to specialize is a problem which confronts every newly qualified doctor, and in this enlightened, nationalised age, the answer is increasingly difficult to find. However altruistic may have been one's reasons for taking up medicine in the first place, the sordid facts of pounds, shillings and pence have to be reckoned with, and it is becoming increasingly clear that, financially at any rate, specialization is going to pay hands down under the National Health Scheme. That this is so is borne out by the increasing numbers that are now entering for the Membership and Fellowship Courses.

We believe that this trend is an unfortunate one, and is not in the best interests of the profession as a whole. That consultants are necessary, and that they perform an essential task, nobody doubts, but they should be an adjunct to medicine, not the basis of medical practice. An increasing number of their patients are cases which should have been diagnosed and treated by the G.P., but which the G.P. nowadays has insufficient time to deal with, and so "passes on." This vicious cycle is only aggravated by increasing the number of specialists; it can only be broken by increasing the number of experienced General Practitioners in active practice.

The operative word here is experienced. From January 1st, 1949, the call-up arrangements are to be modified, so that newly qualified doctors, under the age of twenty-six, are allowed to do six months' House job only. Following this they must spend one year in the Forces, and then on demobilisation a further minimal period of five years in the Reserves. What does this add up to? In the first place six months for House jobs is far too short a period, as it is well nigh impossible to do an H.S., Casualty, and H.P. job in that time, yet these three appointments should be an essential part of a doctor's training. Secondly, to have to follow up one's House job with a year in the Forces is to add insult to injury. If military service is considered essential, by all means have it, but at a time when the scarcity of doctors is greater than ever before, to call up the newly qualified for twelve months is lunacy. It is too short a time in which to expect a man to settle down, learn his new job, and become an efficient working unit, yet it is sufficiently long to disrupt his medical training. No man is capable of becoming an efficient G.P. on the strength of six months' House job, followed immediately by a wasted year in the army, yet on demobilisation he must earn a living somehow. The alternative to general practice is a further "rehabilitation" course of House jobs, but the ridiculous rates of pay to which Housemen are entitled, and which show no sign of being raised, makes this out of the question unless the cost is borne by a Government grant. A grant, however, is only to be given if the individual in question is working for a higher degree. But why work for a higher degree unless specialization is one's objective? The alternatives open to the newly qualified doctor boil down to becoming a redundant specialist on the one hand, or an ill-trained G.P. on the other. The effect this will have on the National Health Service remains to be seen.

It is with pleasure that we report that at a recent meeting of the Governors, Mr. H. L. Messenger, M.C., M.R.C.S., F.D.S., was appointed Consulting Dental Surgeon Emeritus to the Hospital, as from 6th October, 1948.

On Saturday, September 4th, Dr. W. F. Rienhoff, a distinguished general surgeon from the Johns Hopkins, will be visiting Guy's. His stay of one month is likely to be a very busy one, for in that time he is giving two Clinical Lectures and a Departmental Round, in addition to regular ward rounds, out-patients, and operating sessions. He will also be giving the Moynihan Lecture at the Royal College of Surgeons on

September 15th, his subject being "Present Status and Treatment of Malignant Tumours of the Lung." We bid him welcome, and hope that his stay will be as happy and successful as have been those of his predecessors.

Another familiar face will shortly be disappearing. J. Johnson, or Old Joe as he is more familiarly known, who has been a porter at Guy's for the last twenty-eight years, is leaving on August 27th. He has reached the very respectable age of seventy years, and we wish him all happiness in his retirement.

We wish to take this occasion to apologise formally for the infinitive which was split in a recent Passim, and to thank those readers who so manfully refrained from writing to point out the error of our ways.

On Heart Murmurs

A Clinical Lecture given on the 13th July, 1948,

By CHARLES BAKER, C.B.E., M.D., F.R.C.P.

GENTLEMEN: In a Clinical Lecture last September, later published in the GAZETTE of 28th February, 1948, I outlined some general points in acoustics common to both heart sounds and murmurs and pointed out that there was no fundamental difference between them. Both are vibrations appreciated by the ear and both technically speaking are noises, but we do know what we mean, and easily recognise the difference between the heart sounds and heart murmurs. The sounds are low pitched, complex vibrations and are therefore dull noises; the murmurs are higher pitched, more regular vibrations and are therefore more musical and usually of longer duration. I then had time only to talk of the heart sounds and to emphasise the help that could be obtained by listening to them carefully and assessing them correctly. To-day I intend to do the same with the heart murmurs, but as there is a much greater variety of murmurs than the four heart sounds, I shall only be able to deal with this large and still expanding subject in a general way.

IDENTIFICATION OF MURMURS

To identify heart sounds and murmurs, and to describe them correctly we must consciously attend to the following points, with which I will deal individually :—

(a) Character, noting particularly the pitch, intensity and duration.

(b) Place in the cardiac cycle, or timing.

(c) Optimum site for hearing, and transmission.

(d) Optimum conditions for hearing.

(a) *Character.*

The heart murmurs are vibrations from between 100 and 1,000 cycles a second, being higher in *pitch* than the heart sounds. Those in the lower range, such as the murmur of mitral stenosis, are more like the heart sounds in pitch, while those in the upper range are usually described as blowing, and are more like the breath sounds. The variation in pitch is so wide that it is difficult to record them graphically with the phonocardiogram without deliberate selection, and is the reason that the machine is at present less helpful with murmurs than with sounds, which have a narrower range of pitch. The ear, however, can be trained to concentrate on a noise of any given pitch and it is thus that we distinguish the low pitched mitral diastolic murmur from the heart sounds, and the high pitched aortic diastolic murmur from the breath sounds.

The *intensity* or loudness of murmurs is very variable and is, of course, modified by the distance of their origin from the chest wall and intervening structures; thus a thick chest wall, air as in emphysema, or fluid as in pericardial effusion, will have a deadening effect on heart noises, both sounds and murmurs. We should always make a point of describing the loudness of a murmur, and with the intensity we must also note one other point, whether a *thrill* is associated. There is nothing particularly significant or diagnostic about a thrill, for it depends largely on the strength of the vibrations and is therefore

associated primarily with the loudness of the murmur. If the intensity is great, then it is not surprising that the vibrations can be felt with the hand as well as appreciated with the ear through the stethoscope; in fact, one can often be sure that there will be a thrill by the loudness of the murmur. It is true that vibrations of low frequency or pitch are better felt than those of high pitch, and so thrills are more often associated with the low pitched murmurs such as those of aortic and mitral stenosis. But one cannot say that such and such a murmur *must* be associated with a thrill before we can make a specific diagnosis. We can say, however, that the specific condition usually has such a loud murmur that it requires care and other evidence before it is safe to make the diagnosis without a thrill. This point is particularly apposite to the diagnosis of aortic stenosis and also of ventricular septal defects which usually have loud murmurs with a thrill.

The *duration* of murmurs may be of diagnostic importance and should always be noted. Extreme examples are the long murmur going through the whole cardiac cycle, which is diagnostic of patent ductus arteriosus, and the short late systolic or mid-systolic murmur at the apex which is often an innocent one.

The *character* of heart murmurs is most important. Unlike the heart sounds which are caused by contraction of the heart alone and are therefore very similar, there are many causes of heart murmurs, as we shall see later, and so they differ considerably. The character of a murmur is due to the cause or nature of the murmur and may enable us to make a pathological diagnosis. It is particularly helpful in recognising murmurs when a rapid heart rate or arrythmia makes it difficult to time them. The murmur of mitral stenosis can so be identified. It has been variously described as the growl of a dog or the purr of a cat—the frémissement cataire by Laennec (1819), who also likened it to the noise of a rasp or a saw (bruit de scie, bruit de râpe). All these descriptions may fit the individual case. The point is that it is characteristic, and therefore diagnostic. The high pitched wisp of a murmur of early aortic regurgitation; the bellows-like rush (bruit de soufflet) of free regurgitation; the continuous machinery, water-wheel, or murmur of the seashore that is found in patent ductus arteriosus and sometimes called after Gibson, who first described it; the leathery murmur of pericardial friction: all these are characteristic and merit description in our case notes. With improvements in graphic recording of murmurs we shall be able to see how the actual vibrations differ as well as their exact position in the cardiac cycle. It is also hoped that the phonocardiograph will help us in understanding the mechanism of murmurs, and so aid us in diagnosis and prognosis, and we certainly need such help, for example, in the early diagnosis of rheumatic heart involvement in children.

(b) *Place in the Cardiac Cycle or Timing.*

The timing of murmurs is difficult at first, particularly in the rapidly beating heart. Even at a normal rate the duration of systole and diastole are each less than a second and it is almost impossible for the ear to distinguish such small divisions of time as pre-systole, late systole, or mid-diastole, and yet these terms are used and used accurately, as shown by mechanical tracings. How is this degree of precision obtained ? The answer is that the experienced listener fits the heart murmurs to the heart sounds; he places them correctly in the heart rhythm rather than times them. You can always be certain somewhere over the precordium which is the first and which is the second sound. Disregard for the moment the murmur and concentrate on the rhythm of the heart sounds. Then edge your stethoscope towards the murmur, gradually letting in the murmur to your attentions; you will then trap it into a direct relationship with one or other of the heart sounds. If it is just before the first sound it is systolic; if it is with the second sound it is early diastolic; if it is after the second sound or where the physiological third heart sound is heard in young people it is mid-diastolic. This will enable you to time, and to time accurately, all the important murmurs and Table I shows the implication of this method. You will see that correct timing is a great help in diagnosis of aortic regurgitation and of mitral stenosis as well as the character of the murmur, but I have indicated two snags which must be avoided if an unwarranted diagnosis of mitral stenosis and the possible unnecessary cardiac invalidism which may result is to be avoided. The causes of the systolic murmurs are many and this will be discussed later. Of course, murmurs may often be prolonged to overlap these divisions, as in the murmur of mitral stenosis, which goes right through from mid-diastole till it ends in the loud first sound or associated systolic murmur.

(c) *Optimum Site for hearing Murmurs.*

The site where the murmur is heard at its maximum should be noted, for this is often of diagnostic importance. For purposes of description areas of the chest wall have

been named after the four heart valves and this is often a convenience. If, however, a murmur heard best at the apex is called a mitral murmur, this commits you to the statement that it comes from the mitral valve. Many apical murmurs are not due to

Table I.

TIMING OF MURMURS IN RELATION TO HEART SOUNDS.

Sound	Timing	Significance	Distinguished from
Before 1st	Presystolic	Mitral stenosis	Split or reduplicated 1st sound.
With or replacing 1st...	Systolic	Multiple pathological or innocent	
After 1st	Late systolic or mid-systolic	Usually innocent.	
With 2nd	Early diastolic	Aortic or pulmonary regurgitation.	
After 2nd	Mid-diastolic	Mitral Stenosis	3rd heart sound.

mitral valve disease at all and others are conducted from the aortic valve. It is, therefore, best to use the term apical murmur if it is at the apex or to state how far from the apex it is best heard, or better still where exactly it is heard. At the base of the heart it is more true that murmurs heard to the right are from the aorta or aortic valve and that murmurs to the left are from the pulmonary artery or pulmonary valve and so it is reasonable to leave these terms, but it must be realised that murmurs from both these sites are often conducted downward to the same place, namely the fourth left interspace near the sternum. The area over which a murmur is heard or transmitted is mainly a function of its intensity. The louder a murmur, the further will it be conducted and it may be heard all over the thorax, back and front, in the neck or even over the arms. But the direction of conduction is often a help in deciding the site of origin of a murmur. Thus, the aortic murmurs tend to be transmitted to the great vessels of the neck as well as to the apex, whereas the murmurs from the mitral valve are more easily transmitted to the chest wall in the left axilla and back.

(d) *Optimum Conditions for Hearing a Murmur.*

A murmur which is heard in all positions of the patient and all phases of respiration cannot be disregarded, but murmurs which change with position or phases of respiration are often innocent. Murmurs from the mitral valve are best heard in the left lateral position and this is the reason why one cannot exclude mitral stenosis in a suspected case, unless the patient is examined lying on the left side after exercise. Murmurs from the aortic valve are best heard with the patient sitting up or leaning forward at the end of expiration. Pulmonary murmurs, on the other hand, are usually best heard lying down, and the innocent pulmonary murmur is characterised by its diminution or disappearance on sitting up. Thrills will naturally be best elicited in the conditions which increase the intensity of murmur.

What is the best type of stethoscope ? The most important thing is that it should fit and be comfortable in your ears ; that is the important end. The rim of the chest piece encloses a circle of skin which acts as a conducting diaphragm of the vibrations from heart to ears ; it should be small enough to enclose the minimum of air to prevent damping down these vibrations, while at the same time it should be large enough to prevent the space being filled with inelastic or obese skin. The bell type of chest piece transmits the low frequency vibrations best and is therefore a greater help in listening to heart sounds or the low pitched murmur of mitral stenosis. The diaphragm type is best for the higher frequency murmurs, such as aortic regurgitation, or the breath sounds ;

and these vibrations are the type which may be well heard by the monaural type of stethoscope, which is seldom used except as an ornament on the obstetrician's table, or by the naked ear on the chest wall. Both types have thus their advantages and you can take your choice, or use a reversible end piece. The most important thing is to learn to use one instrument and to continue to use it. On the whole, the bell type has a wider application for it covers the sounds best as well as the murmurs; for the occasional difficult high pitched murmur the diaphragm type can be resorted to and the naked ear is worth using. Whichever you choose the chest piece should be of moderate diameter, whether bell or diaphragm, and large ones reminiscent of the belfry or the dinner table lack both acuity and accuracy. For low vibrations the length of rubber tubing makes little difference, but for high vibrations the efficiency decreased directly with length. Long tubes may maintain a professional distance or save your back, but they may cost you a diagnosis of early aortic regurgitation.

CAUSE OF HEART MURMURS.

Murmurs arising from the region of the heart may be extracardiac, arising from the pericardium or structures round the heart, or intracardiac from causes inside the heart or great vessels. The former usually occur rhythmically at a fixed and recurring time in the heart cycle and may therefore occasionally be difficult to distinguish from true heart murmurs.

Extracardiac.

(a) *Pericardial Murmurs:* These are characteristically loud, when they may also be felt as a thrill, rough, and leathery. They may, however, be soft and give a less strident and more regular vibration and thus appear more musical, when they may be mistaken for intracardiac murmurs. Such a murmur occurring in systole and diastole at the base of the heart may be mistaken for a "to-and-fro" murmur of aortic regurgitation, particularly as their common site is near the sternum. The orgin of these murmurs is clear, being due to the friction of the two opposing layers of the pericardium. That they are transient and variable is a help in identification.

(b) *Pleuro-pericardial Murmurs:* Here are grouped together the vibrations arising from the contact of the heart with surrounding structures. The commonest cause of extracardiac murmurs is due to the movement of the lungs altering the number of alvioli which are air-filled. In certain phases of respiration, usually at the end of inspiration, the contraction of the heart causes a systolic bruit, soft and high-pitched like the breath sounds. These cardio-respiratory murmurs should not be mistaken for intracardiac murmurs, for they not only vary with respiration but may alter with the position of the patient, pulse rate, and depth and rate of breathing.

The movement of the heart as a whole in the thorax as well as its contraction and relaxation may produce murmurs and these naturally will have a fixed "timing" in the cardiac cycle, almost invariably systolic, and may therefore be difficult to distinguish from intracardiac murmurs. These may occur when there is deformity of the thorax as in fibroid lung, scoliosis or kyphoscoliosis, and depression of the sternum. Such conditions may well cause an abnormal course or kinking of the great vessels arising from the heart, which may cause murmurs which, strictly speaking, would be intracardiac. Air round the heart, as in left-sided pneumothorax, or particularly air in the mediastinum, may give rise to very loud extracardiac murmurs. More often the noises produced are explosive and short and are more like heart sounds, in which case they are more dramatic and less likely to be mistaken for true heart murmurs.

Intracardiac Murmurs.

The heart sounds are caused by vibrations due to muscular contraction and alterations in tension of the heart muscle, the chordae tendinae and the valves themselves. If these can cause vibrations and so noises, or heart sounds, it is perhaps surprising that the movement of blood within the heart, with all its alterations in speed and change of direction does not ordinarily produce sufficient vibrations to cause heart murmurs. One might expect murmurs more often in healthy hearts and it is not really surprising that occasionally they do so occur. That they occur in diseased hearts or in normal hearts which are subjected to abnormal conditions is useful to us in diagnosis and often in prognosis.

How then are they produced ? It is true that most of our knowledge is empirical—that is, we have observed that such a murmur is found in such a condition and has this or that significance for the patient. Such empirical information is most valuable, especially if it is correlated with other clinical observations and investigations, particularly radiological. Particularly if cold facts are followed up and correlated with the cold slab of the post-mortem room, we continue to learn " the salutary lessons of the dead house." It puts a premium on accurate observation and, may I add, on careful and honest documentation, and in this we can all add to knowledge. We must also remember that dynamic conditions in the beating heart are different from the still life of the autopsy. Yet, there is some information as well as theory concerning the origin of the heart murmurs and it is important we should consider this as well as the more empirical methods by which we learn auscultation, for it helps in an understanding of the significance of what we hear and may prevent wrong assessments.

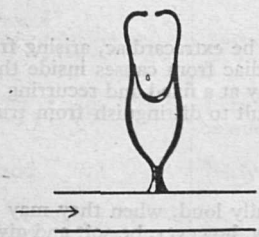


Fig. I

Slow flow : no eddies and no murmur.

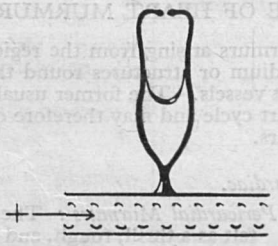


Fig. II

Rapid flow . eddies and a murmur

If a column of fluid passes through a tube a vibration is produced and therefore at any given point a murmur can be heard when the speed is increased (Figure I). Thus, the speed of the flow is a determining factor in producing murmurs. The heart is, after all, a tube, though a complicated one, and the reason why murmurs are not ordinarily heard is that the blood flow is not fast enough. It would explain why systolic murmurs appear when the rate of flow is increased, as in exercise, fever, thyrotoxicosis, emphysema and anaemia, all conditions where there is increased output ; also in bradycardia, as in heart block, where more blood must be expelled with each ventricular contraction. It would also explain why murmurs disappear when the rate is slowed, as in heart failure and reappear when the heart recovers. Now if the tube is constricted in any part a murmur will be produced at a much slower rate of flow (Figure II). The normal constrictions in the heart tube to the flow of blood are between auricle and ventricle and at the pulmonary and aortic rings. Normally the rate of flow is presumably too slow to produce murmurs, but abnormal constriction of these narrowings, as in stenosis of valves, will produce a murmur which is also facilitated by the relative increase in the rate of flow. In this way we can explain the murmurs of stenosis and regurgitation due to valvular

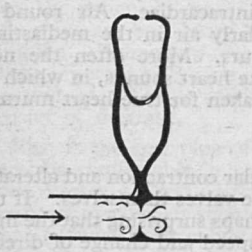


Fig. III

Constriction produces eddies and a murmur

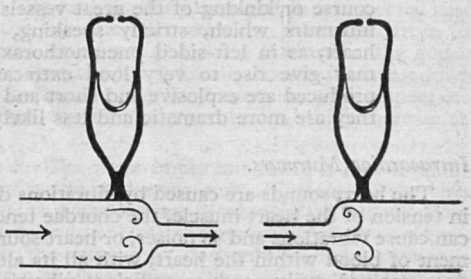


Fig. IV

Narrowing produces eddies and murmur

Widening produces eddies and murmur.

disease, and the difference in rate of flow would explain why mitral stenosis produces a murmur more readily than tricuspid stenosis. The greater the constriction also, the louder would be the murmur produced, and this is well shown in defects in the ventricular septum. A small hole will give a loud murmur with thrill (Roger's murmur), while a large hole or complete absence of the septum may have no murmur. Murmurs will also occur when fluid flows out from a constricted section of a tube (Figure III), or when it enters a constricted part of a tube (Figure IV). The relation therefore between the size of two adjoining parts of the heart may thus produce a similar murmur; a loud systolic murmur in the aortic area may be due to blood passing through a stenosed aortic valve into a normal sized aorta, and equally by passing through a normal sized aortic valve into an abnormally wide aorta. A murmur will also be similarly produced by a localised widening of the aorta, as in aneurysm. Vibrations can also be caused in a stream of fluid by roughening of or projections from the walls of the enclosing tube (Figure V). Such disturbances to the smooth flow of blood in the heart are found in the thickened and irregular valve edges following rheumatic endocarditis, the calcareous plaques of atheroma, damage to the heart wall due to coronary infarction and the vegetations of infective endocarditis; in the last the changes in size and position of the vegetations will give changes in the character, timing, and even site of the murmurs, which is a diagnostic point.

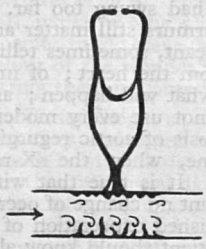


Fig. V

Roughening (above) or attachments (below) will produce eddies and therefore murmurs

It will be seen that for the most part vibrations are caused by eddies in the stream rather than vibrations of the walls, and therefore heart murmurs differ in origin as well as character from heart sounds. Vibrations, however, can also be caused by a column of fluid impinging on a surface when the rate of flow need not necessarily be fast. It is possible that some intracardiac murmurs may actually be caused by vibrations in the heart walls or valve flaps, particularly where the direction of flow is distorted by valvular disease.

INNOCENT MURMURS.

A murmur may thus be a significant or even diagnostic sign of heart disease, but it may also be a sign of disease remote from the heart, as in thyroid disease or anaemia. Only a full examination can allay suspicion. Systolic murmurs unassociated with disease have been called Haemic, Functional, or Physiological, but none of these terms is satisfactory. They might be called Murmurs of No Significance, but a physical sign which is fraught with the danger of misinterpretation can hardly be insignificant to the future of those who harbour it. Personally, I think the best term is Innocent Murmur, which Dr. William Evans uses in his work, which has helped to differentiate the various types which are encountered and has encouraged the making of a positive diagnosis. For this is needed if we are sure that there is no disease present, otherwise we shall add to, rather than diminish, the unnecessary invalidism which occurs through misinterpretation of murmurs. The reason that cardiac neurosis does not occur after diphtheria, as it does after rheumatic fever is that once the patient is reassured about his heart after the former, he does not run the danger of having his confidence shaken by some less astute doctor discovering and misinterpreting a harmless or Innocent Murmur. The reason also why the common Innocent Murmur in the Pulmonary Area does not cause so much worry as the Innocent Murmur at the apex is that the base of the heart is so often not included in the examination of the heart, particularly in the routine examination with the clothes tucked under the chin.

IS AUSCULTATION REALLY NECESSARY ?

Our forbears put great reliance on the stethoscope and were most skilled in its use, and they had the advantage of quieter times in which to listen. If murmurs are so open to misinterpretation would it not be better to cast it aside and rely on more modern methods—the X-rays, the electrocardiograph and even the cardiac catheter. Is the stethoscope merely an old fashioned symbol of the doctor which will disappear as certainly as did his top-hat ? I am quite sure of the answer. The stethoscope will remain and its usefulness will not diminish ; and because it can be augmented by other methods and can be checked by phonocardiograph it will be used with greater accuracy and precision. The work of Lewis cleared the air of much misinterpretation and overemphasis of auscultation, and he was a bitter tonic to slip-shod thinking. The assessment of the heart by what it can do rather than what it sounded like, and the emphasis on the muscle rather than the valves was most salutary and his text-book shows a fine balance in its application of scientific thinking to clinical medicine. It was published first when I was qualifying, and it produced a dangerous era, which my contemporaries may remember, when it was whispered abroad that Murmurs Don't Matter. Though this was particularly comforting to us in our difficulties in empirically learning to identify and differentiate murmurs, and a particular solace to those who were ploughed by examiners who still clung to their old-fashioned fallacies, the pendulum had swung too far. Today auscultation has a well balanced place in cardiology. Murmurs still matter and it is our duty to assess them correctly. They are always significant, sometimes telling us of pathology in the heart, sometimes of pathology remote from the heart ; of importance in telling us what has happened, what is happening, or what will happen ; and sometimes they are innocent. A man would be a fool who did not use every modern advance that is reasonable in making a diagnosis, but the diagnosis of aortic regurgitation or mitral stenosis may be made with the stethoscope alone, when the X-rays, the electrograph and the sphygmomanometer give no help. It is true that without confirmatory evidence the lesion is a slight one and may warrant no change of occupation, no restriction of activity, no medical abortion and no diminished expectation of life. But we should know that there is an abnormality and the patient should know also. It should lead to extra care and the protective umbrella of sulphonamide or penicillin against the danger of rheumatic infection in upper respiratory tract infection, and against the danger of subacute bacterial endocarditis in operations in that area, or in extraction of teeth.

In any case there is great satisfaction in making correct diagnoses and assessments by auscultation, even if they need to be confirmed by other methods. If you feel that too much emphasis is placed on auscultation in teaching it is because it is a difficult art to learn and yet a very practical and time-saving method of diagnosis, rather than because it will help you to satisfy your examiners. And because it is difficult, may I comfort you with a story.

It is of a pathologist who was a near contemporary of mine. He was a clever pathologist and, like many clever men, a trifle forgetful. He forgot to take his M.B. and was persuaded to rectify this omission after several years of pathology. To fortify himself for the ordeal he asked me to let him know whenever I came across a good murmur and point it out to him. Which I did, but it was not easy, for although he was clever he was also deaf. Yet we made progress and we were hopeful. But it was unfortunate that in his first case in his clinical he was asked to listen to a heart and make a diagnosis. When the examiner returned he was told that this was a case of " Mitral Stenosis." " And why do you say that so confidently ? " asked the examiner. " Because I heard a diastolic murmur at the apex " was the answer. " Really, are you sure ? " said the examiner, ominously. " Yes, I think I heard the characteristic murmur," said the candidate, bravely. At this point the examiner noticed my friend's stethoscope, which had only one earpiece to fit into his half-deaf ear, and the other arm of the stethoscope cut short with a lump of sealing wax at the end, which corresponded to his other and completely deaf ear. " And what is the strange instrument ? " he asked the candidate, who then explained how this fitted his handicap. " And you mean to tell me," said the examiner, " that, although deaf, you still maintain that you hear a diastolic murmur and that this is a case of mitral stenosis ? " There was no other answer possible at this stage than a rather quavering, " I do." " Well, really," said the examiner, " this is most interesting, and most encouraging. I also think as you do, but I've been quite unable to get my fellow examiners to hear this undoubted murmur, and now I can tell them a deaf man has heard it." To which my friend had the wit to say, " I think, sir, it would make your point more emphatic if you also added that it is not only a deaf man but a deaf pathologist."

Correspondence

"1888 and all that"

SIR,—Why did F. H. Edwards start reviving memories? I am not of 1888 vintage, but he has given me something of a shock by reminding me that I entered Guy's only five years later and well remember Harry Wilson, who, as an Alderman of the Borough Council, lived to be one of the rude forefathers of the hamlet. On occasion he could be very rude indeed, although he had a very real affection for all Guy's men.

When Dr. Edwards refers to "Ship Alley," he means "The Terrace, Maze Pond." After the College was built, certain Externs took exception to its catering, and although they slept there, they used to feed at No. 11, which was kept by Mrs. Forman, a stout motherly soul who really fed us well. I remember going in to lunch one day and finding her in tears, because, as she explained, one of our number had told her that "the mutton 'ummed."

When I was a ward clerk (to Sir Henry Howse) there arose a crisis one night when the beer in the dressers' rooms began to run short, and we ward clerks were instructed to replenish supplies from Boss Milson *ek dum*. This we did by manhandling an 18-gallon barrel of beer over the high wall, which we did without the help of a rope ladder. It was a feat of which any Commando might have been proud. I wonder whether Dr. Edwards used to admire the colour of the wonderful blue glass in the fancy glazing of the door of the Chalet, when sitting there in contemplation? I did.

In my time, "Auntie" was Nurse Keogh, so ancient that one had the feeling that she was a great aunt of Thomas Guy and owed her appointment to nepotism on his part. But what a wonderful woman! Many a dresser and many a resident owed to her the saving of his reputation when the differential diagnosis between "Drunk or Dying" was in question; and I never remember her being wrong. One morning about 3 a.m. the old lady had fallen asleep at the table where she had been cutting up strapping. Her head was resting on her hand and had fallen low, so that her cap was completely displaced, revealing the fact that she was as bald as a coot. I could tell some funny stories about her handling of Borough ladies, especially of one who proudly proclaimed that she "got me livin' on the Waterloo Road."

On Saturday nights after closing time (12 p.m.) I have seen as many as a dozen stretchers, complete with policemen and drunks, waiting their turn to be "washed out" and receive their four ounces of "M.M.C.M.S" down the stomach tube before it was withdrawn. The modern student has literally no conception of the "kick" in the beer of those days. And so cheap!

Then there was the big fire at a hop warehouse in Union Street which burnt for four days, and we had the entire crew of a Salvage Corps Wagon which had capsized in turning the corner. There were no refreshment wagons for firemen in those days, and they had been living on beer. But that is another story, and even in the "Silly Season" there is a limit to the Editor's patience.

I am, etc.,

EL HAKIM PASHA.

A Fortnight at "The Thatchings."

SIR,—As the first member of the Administrative Staff to pay a visit to our newly acquired "House of Rest," I was, in fact, the first patron of "The Thatchings." I feel I must tell everyone about the delightful fortnight I spent there last July.

This lovely thatched house, a generous gift to Guy's from one of our Governors, Mr. Askew, has been furnished tastefully and with the utmost comfort. Its position, with a garden running down to the sea, makes it excellent for bathing, and in every way an ideal spot for complete relaxation after the rigours of hospital duty.

On the other hand, Bognor is easily accessible by bus, where entertainments of all kinds can be found if, and when, required. For those interested in riding there are stables at Pagham, the next village. There is also a club at Aldwick Bay which one may join for the season, but the "local" is only round the corner!

On my arrival at "The Thatchings," I was greeted by the hostess, Miss Stansfield, and made to feel at home at once. The combined efforts of the staff make for the highly efficient way in which this holiday resort is being run.

The food, in case word has not yet reached you in the usual way of all news at Guy's, was the best I have had for a very long time. Home baking of rolls and cakes is but one of the attractive features. All the meals were cooked to perfection and such menus seemed almost incredible in these days.

Before I conclude, there are two points which struck me very forcibly. That is, there are no restrictions, and that the staff running "The Thatchings," who have no connection with the hospital, have such an understanding of what is required to make the place a success. I, for one, have enjoyed every moment of my stay—it was certainly one of the most restful holidays I can remember—and above all the least expensive.

Yours, etc.,

E. M. GREEN.

Guy's Hospital, S.E.1.

The XIV Olympiad,

SIR,—With reference to your Passim of 14th August, may I point out that Guy's provided one of the finalists in the Olympic Games Individual Epée Contest in R. Parfit, one-time Captain of Fencing (1936-1938) at the Hospital. He had the distinction of leading one of the Semi-final Pools with six wins.

Yours faithfully,

R. HUDSON-EVANS.

"Broxton,"
Briarfield Road,
Heswall.

Obituary

G. W. GOODHART, M.D.

G. W. GOODHART, who died in London on July 16th, was the younger son of Sir James Goodhart, Bt., himself an eminent physician of Guy's. Goodhart junior was a loyal son, both of his father and of Guy's. Educated at Westminster and Cambridge, he qualified with the University degree in 1908. He took his M.D. with an exceptionally good thesis in 1923, the M.R.C.P. in 1934, and was elected Fellow in 1941. After qualifying he held various positions at Guy's as H.P. and in the Pathology Department, after which he studied in Freiberg and Berlin. The respect and affection he formed for Aschoff in Freiberg never left him, and was certainly high among his pleasant memories of his time in that University. From the post of Clinical Pathologist at U.C.H. he was appointed in 1931 Group Pathologist to the L.C.C., a post which he held first at Archway Hospital, and finally at St. Mary Abbots, Kensington, where his Laboratory was within easy walking distance of his house. He was able, largely through his pertinacity, to work there until he reached retiring age in July, 1947. It says much for his character and personality that the powers that be in the London County Council gave him every help and encouragement to continue his work during his latter years.

While he was at U.C.H. Goodhart began studies with Charles Bolton on duodenal regurgitation into the stomach during digestion. This work, with further studies on gastric secretions continued after he joined the L.C.C., and it is said that during the experimental sessions with Bolton opportunity was taken for full discussion of hospital politics—a topic that interested Goodhart where ever he worked. At the same time his admiration for Bolton as a man and as a physician was equalled by his admiration for him as a surgeon, and he used to give graphic descriptions of Bolton's technique as he operated upon his cats.

As a clinical pathologist he was distinguished, and he was among the early band who brought the laboratory to the bedside. He was the perfect "liaison officer" between the laboratory, the clinician and the patient, and he himself was essentially a clinician. His merit was recognised when he was elected President of the Medical Society of London, and President of the Section of Pathology of the R.S.M. He was also on the Council of the Association of Clinical Pathologists, and it was at the meeting of this Association that he was missed so much in the last few years, when ill-health curtailed his activities. Perhaps it was fitting that his life should have closed during the recent summer meeting, when his name was constantly mentioned, and when the affectionate thoughts of his many pathologist friends were turned in his direction. Many of us during this meeting did not know that his long illness had reached its last critical phase.

As a teacher Goodhart excelled by example ; and this example covered, not only the field of clinical pathology of medicine, but the whole approach to the patient and doctor, and even to wider problems of conduct. His advice and help was never sought in vain. The smallest personal problem evoked a human understanding. He talked at length, but always to advantage, and often to the amusement of his hearer. He was an ideal chief and it was a joy to work for him. His loyalty to his juniors—an unusual characteristic—inspired confidence and affection. Surely it is true to say that he was beloved by his technicians, students, and colleagues alike.

His courage was seen during the war and during his last illness. His hospital suffered from enemy damage as much as any, although his laboratory survived. His work in the Home Guard kept him out during the blitzes, and many was the time that his cheery presence and humour brought comfort and relief of tension. During his last illness this courage came as no surprise to his friends. Always he seemed to survey this illness quite impersonally, as if it was not happening to him, and although he knew that the outcome was inevitable, be it sudden or prolonged, he took an interest—may it be said a healthy interest—in it that kept both him and his friends cheerful and free from embarrassment. About six weeks before he died he went to the annual dinner of our Club (Guy's), and although obviously failing, his mentality was alert, and there was no doubt that he enjoyed himself. He seemed to realise what fun it was that a man as ill as he should even at this late hour be able to play truant from the sick room, albeit for the last time.

Although he will be sadly missed by his widow, daughters and son, and not least by his brother, whose heir he was, they can rest assured that his memory will abide, and that many will thank him for his friendship, and will be glad to have been privileged to know and love him.

I.B.M.

Reviews

Aids to Biology. By R. G. NEILL. 2nd Edn. Bailliere, Tindall & Cox. *Price 6s. net.*

THIS "Aid" emphasises general biological principles and can be used with advantage by the student who has already gained some knowledge of biology by practical work and the study of standard texts.

The illustrations are poor and could well be omitted from a book in which Mr. Neill succeeds admirably in putting first things first.

E.W.B.

A Pocket Medicine. By G. E. BEAUMONT. 2nd Edn. Churchill. *Price 9s.*

THIS is a book of convenient size intended as an introduction to medicine and also as an aid to the student revising the subject for final examinations. The earlier chapters would have given fuller value if clarity of exposition had not been sacrificed to increase in detail.

J.K.M.

Cardiography. By WILLIAM EVANS. 1st Edn. Butterworth. *Price 25s.*

THE major portion of this book is devoted to electro cardiography, including some chest leads. There are numerous clear illustrations with a standard legend, and a fuller description in the text. Some 38 test electro cardiograms for diagnosis are given at the end of this section. The second part deals with phono cardiography and does much to clarify ideas on added heart sounds and murmurs. This book will prove of value both to the student and to qualified men who wish to be able to give a basic interpretation of E.C.Gs.

J.K.M.

Materia Medica and Pharmacology for Nurses. By GWENDOLEN HINDES and D. G. ARDLEY. 6th Edn. Faber & Faber. *Price 7s. 6d.*

THIS is a useful textbook for nurses, as it includes up-to-date chapters on Chemotherapy, and also gives official and proprietary names, side-by-side, of many drugs in general use, which is particularly useful for nurses to know.

Greater application of Pharmacology to Physiology would add to the interest of the book.

M.G.F.

Recent Advances in Surgery. By HAROLD EDWARDS. Churchill. *Price 24s.*

THIS book should prove of great value to those who have returned from the Forces, who wish to see a panorama of the important surgical advances of the past decade.

Advances in transfusion, chemotherapy, carcinoma of the oesophagus, pancreas and rectum, vagotomy, portal obstruction, arterial suture, and the endocrine glands are concisely recorded. At the end of each chapter there is a comprehensive bibliography which will appeal to the Mastership and Fellowship candidate alike. The illustrations and photographs are numerous and have suffered little from reduction in size. The chapters on Thoracic and Neurological Surgery and on Radiotherapy in Malignant Disease, written by surgeons renowned in their specialities, lend enchantment to an already most attractive and up-to-date work.

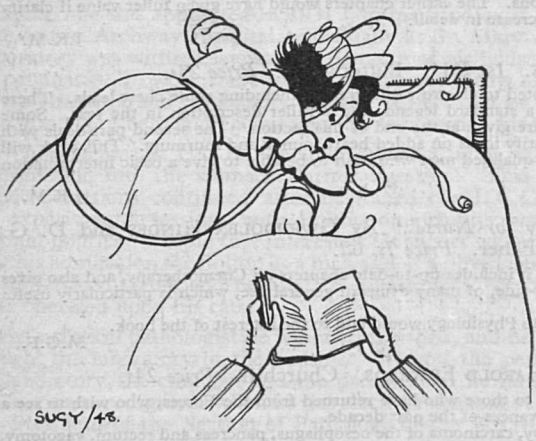
C.N.

FROM THE PATIENT'S POINT OF VIEW——

—and how are we today ?

Well if it hurts — it shows the nerve is still there.

Are you sure Sister does it like this ?



SUGY/48.

I 'eard the doctors say it was that long — a 'lillywhite' !

Guy's Diary

AUGUST—SEPTEMBER

ACADEMIC

August

30th. 3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.

4.45. Pædiatric Lecture in Diplock. Dr. Evans. "Cyclical Vomiting."

September

3rd. Exhibition in the Surgical Department illustrating the surgery of carcinoma of the bronchus.

6th. 3.30. Demonstration of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.

11th. 10.0. Dr. W. F. Rienhoff. Departmental Round. Clinical Theatre.

13th. 3.30. Demonstation of Skin Diseases. Dr. Barber and Dr. Forman. Preclinical Classroom.

14th. 4.30. Dr. Neil Owens, Professor of Plastic Surgery, New Orleans. Lecture on "Burns." Clinical Theatre.

21st. Dr. W. F. Rienhoff. Clinical lecture.

28th. Dr. W. F. Rienhoff. Clinical lecture

Hospital Information, etc.

NOTICES

GUY'S HOSPITAL DENTAL SCHOOL.

Post-graduate courses will be held as follows :—

Dental Prosthetics : a month's course, mornings only, commencing on 1st November, 1948. Fee 20 guineas.

Advanced Operative Technique : a month's course on alternate days, commencing on 22nd November, 1948. Fee 20 guineas.

Orthodontics and Children's Dentistry : a month's course on alternate days, commencing on 23rd November, 1948. Fee 20 guineas.

Dental Radiology : a course of three Saturday morning sessions on October 16th, 23rd and 30th. Fee 3 guineas.

Further details may be obtained from the Dean, Guy's Hospital Dental School, London, S.E.1.

NUFFIELD HOUSE RESIDENT MEDICAL OFFICER.

Applications are invited for the post of Resident Medical Officer in Nuffield House. Duties to commence on November 1st, 1948. Salary will be at the rate of £300 per annum for the first six months of service, rising to £350 per annum for the second six months if reappointed, with residential emoluments. The salary rate may be varied when the scales of remuneration laid down by the Ministry of Health are known. Applications should be lodged in the Superintendent's Office on or before September 15th.

GUY'S EMPLOYEES ASSOCIATION DRAMATIC SECTION

will give their first production on September 24th and 25th next at 6.15 and 8.30 p.m. in the Massage Gymnasium. Tickets (free of charge) obtainable on and after September 16th, between 12 noon and 2 p.m., from the Association's Recreation Room. A Collection will be made for Wireless Fund. Plays :—"Non Nobis," by Lake Ashe, and "Dark Brown," by Philip.

PASS LIST

SOCIETY OF APOTHECARIES OF LONDON.

FINAL EXAMINATION

July, 1948.

Surgery.

M. Caller H. H. B. Perkins

Pathology, Bacteriology and Forensic Medicine.

M. G. Kaye D. F. Potter

Medicine.

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AUGUST 25th.

INTER HOSPITAL SEMI-FINALS.

GUY'S BEAT MIDDLESEX HOSPITAL.

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MARRIAGES

GRAHAM—BRYDONE.—At the Church of the Assumption and St. Gregory, Regent Street, on July 17th, 1948, Alexander Joseph Paul Graham, M.B., B.S., F.R.C.S., of Witbank, South Africa, to Alison Mary Brydone, M.B., B.S., daughter of Dr. J. M. Brydone, O.B.E., of 36 Rutland Gate, S.W.7.

BIRTHS

PAGET DAVIS.—At St. John's Hospital, Chelmsford, on August 12th, 1948, to Lilian (nee Vaughan), wife of Dr. Donald Paget Davis, of Braintree, Essex, a second son (Mark Scott).

DONALD.—On August 10th, 1948, at Hursley, Poole Road, Bournemouth, to Kathleen (nee Redman), wife of J. K. Donald—a son (Angus Harry John).

EVANS.—On August 17th, 1948, at Guy's Hospital, Hazel Christine (nee Broughton), wife of Dr. G. M. Evans—a son.

PEARSON.—On August 13th, 1948, at St. Brendas Nursing Home, Bristol, to Elise (nee Powell), late Q.A.R.N.N.S.(R.), wife of Dr. G. M. Pearson—a daughter (Fleur) prematurely.

REYNOLDS.—On July 6th, 1948, at the Maternity Hospital, Birmingham, to Peggy (nee Morgan), wife of Dr. T. Norman Reynolds—a daughter (Wendy Margaret).

DEATHS

WALKER.—Recently in Cape Colony, Hy. Francis Bell Walker, M.D., of Fort Armstrong, Cape Province, South Africa, aged 72 years.

Bds. {H.A.R. R.A.K-E.

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THE MANAGER, THE GAZETTE OFFICE, GUY'S HOSPITAL, S.E.1

GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

PUBLISHED FORTNIGHTLY

Vol. LXII. No. 1569 11*th September* 1948 *Ninepence*

PASSIM

DURING the recent war, as far as is known, eighty-nine doctors, dental surgeons, nurses, students and employees of the Hospital, gave their lives either in the forces or on civil defence duty, in their country's cause. Casualty lists have been published in the *Gazette* (p. 282, 24th November, 1945) and in the Directory of Guy's Men (1946, p. 146).

That the sacrifice of these men and women might be fitly commemorated, a committee has been set up by the Governors of the Hospital and Schools, and the establishment of a War Memorial Fund has been authorised.

After the 1914–18 war, a sum of £5,600 was collected, and dedicated, by way of the Memorial Arch opposite the College, and the foundation of scholarships for their sons, to the memory of the one hundred and thirty-five who fell. On this occasion it is felt that as studentships are now readily available from other sources, the most suitable memorial would be the introduction into the Park and Colonnade—those parts of the Hospital which would be the most vivid memories in the minds of absent Guy's men—of decorative plants and shrubs. For this purpose, together with the erection of a tablet of dedication, the inscription of added names on the memorial arch and on the oak panelling in the College Dining Hall, it is hoped to collect the sum of £3,000. The Dean of the Medical School, as Treasurer of the Fund, will gratefully receive donations from anyone who wishes to commemorate these absent colleagues, relations and friends, in a way of which we feel sure they would have approved.

The *Gazette* of November 19th, the first issue after Armistice Day, will be a War Memorial number, summarising as best we can the sacrifices made, and decorations gained, by Guy's men and women. For this to succeed we will have to rely entirely on information supplied by our readers.

Concerning those who gave their lives, we would like to know their particulars of service (rank, arm of force, theatres of war), and place and manner of sacrifice. Would any *Gazette* reader who knows such particulars of any friend, or who can obtain such particulars from a relative, please forward them to us? Concerning the honours obtained, we feel that this is no occasion for false modesty. Would any person who received a decoration, either civil or military, or mentions in dispatches, please forward the particulars of name, rank, arm of service, decoration and theatre of war in which it was conferred, to us? The success of the War Memorial Number will be entirely dependent on a little effort by a large number of people. We feel that this is not too much to ask. Information should be addressed to The Editor, *The Gazette*, Guy's Hospital, S.E.1 (the envelope marked " War Service "), and should be in this office by the last day in October.

DR. J. C. COLBECK has been appointed Director of the Laboratory Services of the Manitoba Government, and Director of Biopsy Services of the Cancer Relief and Research Institute. Dr. Colbeck is well-known to very many of us. Here he held the Adrian Stoke's travelling fellowship in Pathology, and was Griffiths Demonstrator. Prior to going to Canada he was Director of Pathological Services in the West Riding of Yorkshire. We would like to send him our congratulations.

WE have been asked by the Chairman of the Students' Union to remind students of the existence of the secondhand book exchange which is operated from the Students' Union Office in the Old Pathology Block. It is hoped that the shelves will be filled by the time the young entry arrive with new term in October.

WOULD the team secretaries about to embark on the winter season, please remember the Guy's Diary in the *Gazette*? Entries should be in this office on the Friday, one week before issue.

Guy's Diary

SEPTEMBER

ACADEMIC

Sept.

Exhibition in the Gordon Museum. "Pathology of Primary Tuberculosis." Exhibition in the Surgical Dept. "Carcinoma of the Breast."

11th. 11.00. Dr. W. F. Rienhoff. Surgical Departmental Round. Clinical Theatre.

13th. 12.00 Dr. John C. Whitehorn. Psychiatric Demonstration. Preclinical Classroom.

3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.

4.45. Dr. K. Martin. Post-graduate Lecture. "Epilepsy in Childhood. Investigations and Treatments." Diplock.

14th.

4.30. Dr. Neil Owens, Professor of Plastic Surgery, New Orleans. Lecture on "Burns." Clinical Theatre.

16th. 5.00. Dr. W. F. Rienhoff. Film: "Total and Partial Gastrectomy." Anatomy Theatre.

17th. 12.00 Dr. John C. Whitehorn. Psychiatric Demonstration. Preclinical Classroom.

20th. 1.00 Dr. John C. Whitehorn. Clinical Lecture. "Psychodynamics."

3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.

20th. 4.45. Dr. R. C. MacKeith. Postgraduate Lecture. "Renal Rickets." Diplock.

21st. 1.00. Dr. W. F. Rienhoff. Clinical Lecture: "Clinical Aspects of Carcinoma of the Bronchus."

23rd. 5.00. Dr. W. F. Rienhoff. Film "Mediastinal Tumour and Pericardiectomy." Anatomy Theatre.

24th. 1.00. Dr. John C. Whitehorn. Clinical Lecture. "Psychotherapy in Medical Practice."

27th. 3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.

4.45. Professor Whillis. Postgraduate Lecture. "The Development of Standing, Walking and Running." Diplock.

28th. 1.00. Dr. W. F. Rienhoff. Clinical Lecture. "The Clinical Manifestations and Treatment of Hyperparathyroidism."

OTHER ENGAGEMENTS

17th. 7.30. Dr. W. F. Rienhoff. Address to Students' Union. Physiology Theatre.

24th. 6.15 and 8.30. The Guy's Players. "Non Nobis" and "Dark Brown." Massage Gym.

25th. 6.15 and 8.30. The Guy's Players. "Non Nobis." and "Dark Brown." Massage Gym.

Obituary

H. F. BELL-WALKER, M.D.

DR. BELL-WALKER came to Guy's on a scholarship in the early years of the present century. He qualified in 1903 and three years later obtained his M.D. In the following year, however, his health failed him, and he emigrated to South Africa, there to live for the remainder of his life. During the Great War he served under General Botha, and his book, "A Doctor's Diary in Damaraland," is an interesting account of his war-time experiences.

Between the wars he led a very active life, contributing widely to all aspects of S. African medicine. He was elected a member of the S. African Medical Council, and during the recent war, when he served in the S.A.M.C., he was a Consulting Physician to the Military Hospital in Durban. He died at the age of 72 years, leaving a widow and five children, to whom we extend our deepest sympathy.

T.B.L. writes:—

Bell-Walker was Sir Cooper Perry's H.P. when I was 2nd 3 months medical ward-clerk. He was a very good one, not only did he see that we made the necessary examinations and entered them into our reports, but he used to do rounds with us when Sir Cooper was not there, which was regretably frequent as he then had much to do in inspecting new buildings for the Army. Subsequently he was medical registrar when I was up for my finals. He was essentially clinical in his teaching, very kindly and encouraging, though he could be scathingly critical if he thought you had shurked or had omitted to consider something which at that stage of your studies you should have done. He was one of the first people to do any radiography of the chest with a view to its assistance in the diagnosis of phthisis. He came to those of us who were doing the O.P.O. work in the medical out-patients to find cases in which he thought there might be early consumption. I do not think this was ever published; but whether that was because he went off to S. Africa or because the machine was not then strong enough for the work, I do not know.

Tanning and the Skin Hazards Associated with the Manufacture of Leather

By E. J. MOYNAHAN, M.R.C.P. (*Registrar to the Dermatological Department*).

TANNING must be one of the earliest manufacturing processes in which man engaged. We cannot be certain of the antiquity of tanning, because leather does not preserve well. Nevertheless there is considerable evidence, in the shape of flint scrapers, that our ancestors prepared animal skins for clothing and shelter, even in early palæolithic times. It has been suggested that vegetable tanning originated in the chance discovery that skins which had fallen into rain-water pools, containing tannin from tree-bark, improved the hide and made it more suitable to wear. Other theories which have been advanced, attribute the origin of tanning to attempts to dye the skin with the juice of tree-bark or nuts. Coming to the historical period, existing written records from Babylon and Assyria give accounts of how leather was made.

The manufacture of leather is one of the oldest in Britain, and the production of leather goods has always been of considerable economic importance. Four of the surviving city companies—the Saddlers, Cordwainers, Leathersellers and Curriers—date from the early middle ages, and illustrate the importance of leather in the life of the City. The Hall of the Saddlers, destroyed by the Luftwaffe in 1940, has occupied the same site since the fifteenth century, at the west end of Cheapside. In the Borough and Bermondsey tanneries have been established for several centuries, and one of those visited by students has been operating since the Napoleonic Wars.

For some time past it has been the custom for clerks in the Dermatological Department to visit industrial plants in the neighbourhood of the hospital. A tannery is one of the places visited and it is thought that a short account of the manufacture of leather, with some reference to the skin hazards involved and the dermatoses which may arise, would be appropriate.

It has been estimated that from 6–20 per cent. of workers in tanneries suffer from occupational skin diseases, and in New York 2 per cent. of *all* reported industrial dermatoses occur in the leather trade, so that the subject is of considerable importance in industrial medicine.

It is hoped, too, that this account of the skin hazards and associated dermatoses, may serve as a guide to the student in his approach to the problem of disease as it may arise in industry, particularly as it is now becoming common for firms to appoint medical officers to look after the health of their workers. Many of these appointments are part-time, so that some knowledge of industrial medical practice may be of value to the student in his later professional career.

At this point, it would not be out of place to give a brief account of the main types of industrial dermatosis which may be met with in *any* industry, before giving a description of tanning and its risks to the worker's skin.

An *industrial dermatosis* may be defined as one which arises in and is due to occupation. It is wiser to confine the use of the words " industrial dermatitis " to those skin diseases which lie within the medico-legal definitions laid down in the schedule of diseases under the Workmen's Compensation Acts. (These have been superseded by the recent Social Security Acts).

In general three types of dermatosis may be said to arise in industrial practice. These are :—

(1) *The destructive dermatoses*, or ulcers of the skin and mucosa which are due to the action of destructive agents such as chromic acid, hydrochloric acid and the caustic alkalies.

(2) The *reactive dermatoses* which are due to the external action of various toxic agents on the skin. Clinically they show no skin destruction and present as papular, follicular or vesicular eruptions, *i.e.* the so-called " dermatitis."

(3) The *neoplastic dermatoses* or skin cancers and pre-cancers, *e.g.* tar warts, pitch warts, arsenical keratosis and tar epitheliomata.

The same agent may cause lesions of all three types, so that the classification must not be regarded as hard and fast.

The Manufacture of Leather.

Curing.

All leather is made by treating animal skin with a tanning agent, and the process seen in a modern tannery is essentially the same as that practised through many centuries. The most important change is the introduction, about 40 years ago, of "synthetic" bates which abolished one of the more disgusting features in the manufacture of leather.

The first stage in leather production is the *curing* of the animal skin. Animal skin is inhabited by countless micro-organisms, and curing is designed to prevent the digestion of the skin by the proteolytic enzymes produced by these bacteria. Bacteria require free water for their metabolism and dehydration reduces or even eliminates this free water.

Skins used in the production of leather come from all parts of the world and are prepared in a variety of ways. Two of the more common methods will be described.

The practice in the United States, is to kill the animal by a blow from a sledge-hammer. The animal is then hoisted vertically, suspended head down, and exsanguinated by severing the jugular vein. The animal is then flayed, and the hide is dropped into the curing cellar, where it lies at a temperature of 13° C. and is allowed to cool for about two hours. This is necessary in order to prevent bacterial activity in the curing pack.

The cooled hide is then spread out, underside up, on a layer of clean rock salt. Another hide is placed upon it and thus the pack is built up.

In the Argentine, the method is somewhat different. The animal is well washed, before slaughter, to remove surface dirt, and the flayed hide is again washed. The hide is then placed in a cool brine solution for 24–48 hours. It is then taken out of the brine, and salted down into packs as already described.

In other countries the hides are sun-dried, but this method carries with it a greater risk of bacterial decomposition.

At the tannery.

The hides arrive in large bundles and are unloaded. Workers engaged in this task run the risk of anthrax. This disease, fortunately rare in Britain although two cases have recently been admitted to the hospital, is usually acquired from handling hides of Chinese or West African origin. The malady begins as an itching macule, which resembles a flea-bite, on some exposed surface—the hand, forearm or neck. The macule soon becomes a papule, then a vesicle and pustule, with its characteristic black necrotic centre from which the malady derives its name. The pustule is soon surrounded by a circle of vesicles—*l'areole vesiculaire de Chaussier*—and there is usually considerable inflammatory œdema of the surrounding skin. The patient's temperature is raised (102°–104°) and the satellite lymph nodes are enlarged and tender. A fatal septicæmia may develop, but it should be remembered that there is a fairly high spontaneous recovery rate. Treatment, which should be early and vigorous, comprises full doses of penicillin, the intramuscular injection of a potent anti-anthrax serum (80 c.c. on the first day of treatment and 60 c.c. on the second day if there has been no reaction), full doses of sulphonamides and intravenous neoarsphenamine should also be given.

Septic infections of the skin by the common bacteria occur frequently among the handlers of hides, but, as may easily be seen on a visit to a tannery, are risks at all stages in leather manufacture. They are particularly important, however, in workers engaged in the earlier stages of the tanning progress, because they may conceal the more serious anthrax infection. Workers, therefore, should be encouraged to seek early treatment of all abrasions, cuts and wounds. Early treatment will avoid considerable and unnecessary loss of time, and will also prevent the subsequent development of trade "holes" and "ulcers." It should be remembered, in this respect, that abrasions of the skin provide the means of entry of toxic substances to the deeper layers of the skin, and frequently determine the site of trade ulcers.

The Soaking Pits.

The hides are placed in the soaking pits after unloading. The object of this is to rehydrate the dried skin, to remove denatured protein, to open up the contracted fibrous structures in the skin, to get rid of the surface dirt and to remove the curing salt. The soaking pits usually contain a solution of either caustic soda or sodium sulphide. Either of these solutions may cause a dermatitis in the worker, who should wear protective gloves. Severe ulceration may follow exposure to high concentrations of caustic soda.

Liming and De-hairing.

Hides are limed and de-haired after passing through the soaking pits. There are four main reasons for this : (1) To act upon the epidermis so that the skin may be properly un-haired ; (2) to saponify the skin fats ; (3) to swell and hydrate the skin protein ; and (4) to prepare the skin physically and chemically for the tanning process proper.

The solution used consists of lime ($Ca(OH)_2$) in water to which an " accelerator " has been added. This solution loosens the hair roots and lower layers of the epidermis so that both can easily be removed by scraping. This is done by passing the " limed " hide through a special machine with a revolving roller bearing a knife.

Lime " holes " or ulcers and lime dermatitis are the special risks associated with this stage in leather manufacture. The ulcers usually appear at the site of an injury or abrasion and are very indolent, with a punched out margin. Slaked lime usually produces a papular or follicular eruption on the hands and forearms. The folds of the skin are frequently the first to be involved, the thinner parts of the skin being particularly vulnerable.

De-liming and Bating.

When the skin has had the hair removed it is then de-limed and bated. Bating is the result of the action of proteolytic enzymes on the skin. It is distinct from " de-liming " but deliming is an essential part of bating.

When the skin leaves the de-hairing pits and has had the epidermis, flesh and fat removed by mechanical means, it is in a very swollen state and has a *p*H of about 12.5. It is necessary to lower the *p*H (by removing lime), and to get rid of some of the swollen proteins before the skin is ready for tanning. This is done by washing the skin in water to which proteolytic enzymes have been added (bating).

Bating was discovered many centuries ago and until quite recently the skins were treated with watery solutions of fowl or dog dung. Fowl manure was used for heavy hides and dog manure for light skins (puering). Little imagination is required to realise how disgusting and unhealthy this process must have been before the introduction of synthetic bates. In 1898 J. T. Wood, an English leather chemist, published a paper on the constitution and action of manure bates in the *Journal of the Chemical Industry*, and in a series of subsequent investigations he established that the essential principles of manure bates were the proteolytic enzymes which they contained. This soon led to the manufacture of " synthetic " bates and the disappearance of manure bates.

In some tanneries the hide is " pickled " in a mixture of sulphuric acid and common salt, after bating, in order to get a uniform acidity and thus facilitate tanning. Sulphuric acid ulcers or burns may result from careless handling of the hide at this stage in the manufacturing process. They present no special features which distinguish them from other lesions produced by destructive agents.

Tanning proper.

Tanning aims at producing changes in the " pickled " hide which will render it water-resistant and able to resist decay, as well as preserving its strength and flexibility and the undefinable properties which we associate with the finished product—leather.

Tanning may be carried out by the use of vegetable tannins, certain salts, fish oil, aldehydes or a mixture of two or more of these methods.

Vegetable tanning.

Vegetable tanning is the oldest method in use in Britain, and in the past oak-bark was used extensively. Sumach leaf was introduced in Elizabethian times and is still in use, particularly in the tanning of light leathers. It gives a pale cream colour to the leather Nowadays the tanner blends the tans to produce the particular kind of leather he wants. The commoner sources of vegetable tannins include sumach leaves, chestnut wood, oak-wood, oak-bark, oak-galls, hemlock-bark, quebracho and pine-bark.

The skins are steeped in pits containing solutions of the tan to which sugar, starches, acids, etc., may be added. The skins remain in the tan pits for a variable time and after removal they are dried and stored as leather.

Mineral tanning.

Mineral tanning was practised in Egypt and Babylon where an alum solution was used. It was introduced into England in the ninth century and is known as "tawing." Tawing is used for sheepskin rugs and in the production of suede shoe-leather.

Chrome tanning was introduced towards the end of the last century. A chrome salt solution is used in this method, which is much quicker than vegetable tanning.

Chrome "holes" or ulcers are frequent in workers who handle the salts of this metal. Chrome dermatitis is the result of sensitization and may follow a chrome ulcer particularly if the latter is neglected. The ulcer characteristically begins in a small crack or abrasion in the skin of the hand or finger. A painless ulcer with undermined edges soon develops which may take three or more weeks to heal. It is good practice to inspect the hands of all chrome workers at least once a week, in order to recognise and treat the early lesions.

Nasal ulceration may follow the inhalation of chrome dust in workers who prepare the tanning solution, or the irritant may be transferred there by the fingers.

Oil tanning.

Chamois leather is produced by oil tanning which is a method of great antiquity. Homer mentions an oil tanning method in the XVIIth book of *The Iliad.*

In a large tannery upwards of 200 different chemical substances may be used in the production of leather, and any one of these may cause skin disorder. The works doctor can only learn to recognise the lesions produced by these substances by being thoroughly familiar with every stage in the manufacturing process. Each case, as it arises, will require careful investigation if the cause is to be determined.

Prevention of Industrial Dermatoses.

Ideally, all industrial dermatoses can be prevented by protecting the skin of the worker in such a way that injurious substances cannot come in contact with it. This is not always possible in practice, but a great deal can be done towards attaining this ideal. The foundations of success can be assured by insisting on the highest standards of personal cleanliness in the workers themselves, and, where protective clothing has to be worn, the rules for its use should be rigidly enforced. Workers should be encouraged to report all skin irritations, however trivial, as soon as possible, and abrasions and wounds should receive early first-aid treatment. The incidence rate of trade ulcers and similar lesions is a good index of the workers' discipline in obeying rules intended for their safety; a high incidence signifies bad discipline, and the factory doctor should take what steps he can by talks and visual propaganda to ensure that a more responsible attitude is adopted by the worker himself towards measures devised for his own protection.

Protective clothing should be inspected frequently and kept in good repair. Rubber gloves and boots offer the best protection against dusts and irritant liquids, but deteriorate quickly when exposed to alkalis and certain solvents. The synthetic rubbers are more resistant to alkalis. Workers, however, often object to wearing rubber garments and it should always be remembered that rubber itself can cause dermatitis, *e.g.* the respirator dermatitis seen during the recent war.

Protective ointments are comparatively inefficient, but are popular with the workers; many kinds are available and, where other methods of protection are not practicable, these ointments have their uses.

Skin cleansers are of great value in removing noxious agents and dust from the skin. The ideal cleanser should possess the following properties: Solubility in water, freedom from abrasives (which damage the epidemis), and they should be capable of removing oils and greases without "defatting" the skin. Schwartz recommends the following formula:—

R_x

Neutral toilet soap	30
Colloidal clay (Bentonite or Kieselguhr)	30
Synthetic detergent	10
Lanoline	5
Perfume	1

All persons suffering from dermatitis of the atropic type or those with ichthyosis should be excluded from the more hazardous stages of any industrial process, as they are liable to become sensitized or breakdown after short exposure to irritants.

Conclusion.

It is hoped that this brief account of the manufacture of leather and the associated skin hazards will be of some value to the student as an introductory guide to the recognition and prevention of industrial dermatoses. A short bibliography is appended for further reading, but it is emphasised that one visit to a factory is of greater value to the beginner than many hours spent in the library.

My thanks are due to Dr. Forman for his useful criticism and suggestions.

REFERENCES.

Historical.

Paracelsus : Morbus Metallicus.

Bernardero Ramazzini : De Morbis Artificium Diatriba.

Recent.

Schwartz, L. (1948), in R. W. B. McKenna—" Modern Trends in Dermatology "—London.

Schwartz, L., Tulpian, L. & Peck, S. M. (1947). " Occupational Diseases of the Skin." London.

Waterer (1942). " Leather in Life, Art and Industry." London.

Starvation Experiment at Marsh Court

By D. F. N. HARRISON.

EARLY in June Allied Laboratories extended an invitation to London medical students (male) to take part in a nutritional experiment that they intended holding towards the end of July. The object of their investigations was to examine the effectiveness of one of their products, " Eatagone," as an emergency foodstuff which would enable one to exist for at least five days without ancillary food or water. A substantial honorarium was offered and over five hundred applications were received ! As only one hundred " guinea pigs " were required a ballot was conducted and ten Guys' students were invited to take part in the test.

The investigations were to be carried out at a Hampshire country house, hired for the occasion, and here we were to live for five days without any form of nourishment except six " Eatagone " tablets per day. During this period a Medical Board comprising two physicians, one surgeon and a pathologist were to conduct daily examinations to estimate any variations in our physical condition.

We assembled at Marsh Court at 4 p.m. on Friday, July 30th, and after a preliminary talk by members of the Medical Board, when twenty volunteers were asked to attempt complete starvation for the whole time, all of us underwent a thorough medical examination. For the purpose of recording this, and subsequent examinations, each student was issued with a numbered badge and three cards bearing the corresponding number. One card was for the daily medical examination, one for pathological reports, and the third for personal use, i.e. impressions of fatigue, hunger, evening temperature, pulse rate, etc. The routine medical examination entailed estimations of height, weight, blood pressure, pulse rate and temperature ; estimations of exercise tolerance, visual acuity and colour vision. Dynamometric and, in some cases, audiometric readings were taken ; in addition a general examination of the heart and chest was carried out. All these were repeated at the same time each day and by the same examiner, their findings being entered upon the appropriate card. On the pathological report was entered the haemoglobin level at the commencement and close of the test (this showed haemoconcentration in all cases), the urine specific gravity, microscopical examination of urine deposits and whether albumin, sugar or ketones were present in a 24-hour specimen of urine. In order to collect this everybody was provided with a numbered container into which all urine was passed. It was interesting to note that even after four days without fluid one still passed some 200–300 ccs. of urine per day.

The tablets were taken at regular intervals of four hours, 8.30 a.m., 12.30 p.m., 6.30 p.m. and this corresponded roughly with the time required to dissolve them completely in the mouth. They contained two main constituents, one whose sole action was to promote salivary secretion, hence the importance of not swallowing the tablets, and the other, which provided some 300 calories per tablet. They were flavoured with lemon, orange, pineapple or peppermint, but practical experience showed that only the last was really effective in disguising the otherwise nauseating taste.

For the remainder of the day we were free to do as we pleased, although all were restricted to the 60 acres of ground. Numerous competitions were arranged for our entertainment, three hours of feature films each evening, free cigarettes, stamps, stationery, and papers were provided, and no pains were spared to make our stay as pleasant as the experimental conditions would allow. After the first thirty-six hours nobody indulged in any vigorous exercise, for not only were we all feeling rather thirsty and hungry but, in addition, exercise tended to bring on cramp-like pains in the calves, probably due to salt depletion, for the weather was rather warm. Gradually the hunger and thirst subsided, at least in those on tablets, for the remainder, who were on complete starvation, became progressively worse. On Tuesday, August 3rd, at 2 p.m., everybody went on to water plus "Eatagone," the fluid being given to prepare us for the following day's food. In all some seven people gave up before this date, three of whom were on complete starvation. At 2 p.m. the following day, and watched by numerous reporters, photographers, etc., we were provided with a huge meal (principally carbohydrate of the more bulky variety) to fortify us for the return journey. Curiously enough, the majority of the students failed to do justice to the food, although all had expressed a ravenous hunger beforehand!

It would be impossible to attempt to draw any detailed conclusions from the test without having fully investigated all the data that was obtained. However, from a personal comparison between myself and colleagues who were on complete starvation, I can say that in my case the taking of the tablets did tend to relieve thirst and diminish hunger. A loss in weight was incurred in all cases, but this has been regained within three to four days, without any noticeable ill effects.

Dr. John C. Whitehorn

Dr. John C. Whitehorn, who will be with us until the end of September, is Professor of Psychiatry at John Hopkins University and Director of the Henry Phipps Psychiatric Clinic in John Hopkins Hospital. This is not his first visit to London. He came to England and to Europe in the spring of 1945 with other American physicians to study "combat exhaustion." During the war years his "Guide to Interviewing and Clinical Personality Study" became widely known to medical officers in both the American and British armies.

Dr. Whitehorn will be having a busy time at Guy's this month, with undergraduate and post-graduate teaching in the wards, in the out-patient department and in the York Clinic. He will be seeing out-patients on Tuesday and Friday mornings in the out-patient department, and he will be giving two clinical demonstrations in the Preclinical Classroom at 12 noon on Monday 13th, and Friday, 17th September. He will also give two clinical lectures in the Anatomy Theatre at 1 p.m. on Monday, 20th and Friday, 24th September, on "Psychodynamics," and "Psychotherapy in Medical Practice."

Reviews

Midwifery. By TEN TEACHERS. 8th Edn. Arnold. *Price* 20*s*.

THIS well-known text-book, after six years, has been brought up to date by a team of contributors whose names guarantee its authenticity. The production is nice, the illustrations above average and the chapters short—in fact it is easy to read, although it is by no means a short text-book. The chapters on the foetal skull and the bony pelvis and the implications of variations in shape of the latter, are outstandingly good. It is a veritable encyclopædia of lesser known facts, many of which are interestingly introduced. Sadly, there are many printer's errors of spelling. None the less it can be thoroughly recommended as a book from which to learn good obstetrics with relative ease.

H.A.R.

Aids to Gynæcological Nursing. By HILDA GRATION. 4th Edn. Bailliere, Tindall & Cox. *Price* 5*s*.

THIS is an excellent little book for the nurse who finds herself in a gynæcological ward and who wants to know something (and quite enough) about what is going on. Indeed many a student might read it with profit on the first day or two of his gynæcological appointment.

A Summary of Surgery for Nurses. By SELWYN TAYLOR. Faber. *Price* 5*s*.

THIS small book should be useful to nurses as a quick review of their knowledge before examinations, or to use with more detailed text-books during a course of lectures. Other books which are more descriptive will also be necessary.

F.T.

Psychobiologic Foundations in Dentistry. By EDWARD J. RYAN. (U.S.A.: Charles C. Thomas; U.K.: Blackwell Scientific Publications, Ltd.). *Price* 15*s*.

THE author points out that much of dental disease must be treated by mechanical means and nothing must deflect us from developing our skills to the highest order, but in the past, design and construction of appliances have been over emphasised to the exclusion of a consideration of the tissue upon which the appliance was intended to function, and moreover, success in dental practice implies a professional service of quality and a mutually satisfactory interpersonal experience between patient and dentist. The book might well have been called "Interpersonal Relationship in Dental Practice." There is enough real wisdom in this book for every dentist to read, but it is to be wrenched from a great deal of theoretical and highly controversial matter.

G.P.

Diseases of the Chest. By ROBERT COOPE. 2nd Edn. Livingstone. *Price* 25*s*.

THIS book needs little introduction, for it is already recognised as a standard work on the subject. It deals comprehensively with all aspects of chest diseases, and the text is greatly clarified by a number of excellent diagrams. This edition varies little from its predecessor, save that the anatomy of the bronchial tree is explained in more detail. The lay-out of the book is excellent, and it can be strongly recommended to students and practitioners alike.

K.E.

Lecture Notes on Pharmacology. By J. H. BURN. 1st Edn. Blackwell. *Price* 6*s*.

WITHIN its limitations, which are strictly outlined by the author, this book should prove of great value. It will appeal most to students just beginning the study of pharmacology, but must be read in conjunction with a more detailed textbook. The action, assay, and therapeutic uses of standard drugs is explained lucidly but briefly, and particular attention is paid to the physiological action of the drugs discussed.

The author is to be congratulated on simplifying, without over simplifying, the subject

Anatomy. By A. DAVID DE VAY. Hodder & Stoughton for the English University Press, Ltd. *Price* 4*s*. 6*d*.

THIS is an elementary book on Anatomy, which might be of use to nurses, first aid workers, etc. The most remarkable features are the price, the good production and ease of reading. The terminology should have been restricted to that of the British Revision. Mistakes such as the superficial extensor group of forearm muscles arising from the back of the lateral humeral epicondyle should be corrected.

I.H.

Handbook of Venereal Infections. By R. GRENVILLE-MATHERS. Silviro Publications. *Price* 12*s*. 6*d*.

THIS book can never take any useful place amongst the literature on Venereal disease. Whilst it is short and concise there are many errors of omission and commission and it cannot be recommended to any serious student of Venereal Disease.

P.S.S.

Review of "Mental Health." By JOHN H. EWEN. Arnold. *Price* 12*s*. 6*d*.

THIS book, as stated by the author, is an account of Mental illness. The title "Mental Health" is therefore misleading and such topics as the mental hygiene movement or human factors in industrial happiness and efficiency are not mentioned. The book, however, covers an immense field, all the psychosis, psychoneurosis, psychopathic states, mental deficiency, the nature of mind, psychopathology, legal aspects (in some detail) and the duties of the mental hospital doctor. All this in about 260 pages. Such compression has curtailed some of the clinical descriptions to the point of incompleteness. The chapter by Dr. Friedman on physical methods of treatment is very practical and helpful. The book is likely to be more useful to the mental hospital doctor than to the general practitioner.

I.A.M.

Essentials of Fevers. By G. E. BREEN. 2nd Edn. Livingstone. *Price* 15*s*.

THIS is a very useful book, and the chapter on measles is first class. The book is designed for the student and is a stand-by for the Resident Medical Officer. For this reason one would like to see in the section on gastroenteritis in infancy, more theoretical and practical details about occasions and reasons for intravenous therapy, with its pros and cons. The recurrent problem of ward outbreaks of illness might usefully have been specifically dealt with, and the section on the care of the patient in the iron lung given more space. Dr. Breen has drawn and painted the illustrations, which are generally vivid and memorable. The text of p. 278 refers to a thickly coated tongue which does not appear in the pictures facing this page, but the description and pictures of Koplik's are of real practical value. The illustrations certainly make a good case for illustrating by drawings as opposed to any but outstandingly good colour photographs.

There are few misprints but the terms Hg and Bi for mercury and Bismuth have no place in a textbook: and Endocarditis should not be given as the only form of cardiac involvement in association with Scarlet Fever. Gamma globulin is usually considered ten times rather than twice as potent as convalescent measles serum.

The advice on the control of infections is good but it is wrong to forbid nurses to pick up babies. Babies and especially small ones should be picked up and fondled by their attendants, suitably gowned and masked, of course. The author is thoughtful in his practical suggestion of what to say to the parents of a child with diphtheria.

Reference should have been made to the use of penicillin in Scarlet Fever, for in Denmark this has reduced the period of hospitalisation to ten days and practically wiped out complications. One would prefer more emphasis on the clinical diagnosis of Pertussis and among laboratory's aids the pernasal swab described by Cruikshank in 1944 should have been given pre-eminence. It is also possible to guess clinically at the existence of the Waterhouse-Friderichsen syndrome in time to treat it with possibility of success, while to await the result of blood culture is to abandon hope.

The opinion to-day is that polioencephalitis may result from the same virus as poliomyelitis, that retention of urine and nystagmus deserve emphasis as early signs and that lumbar puncture is not of benefit in treatment. But the book was evidently written before the 1947 epidemic made us all more experienced.

Lectures to Nurses. By M. S. RIDDELL. New Edition revised by M. E. HITCH. Faber and Faber. *Price* 10*s*.

THIS book is well produced and should prove to be useful both to the Sister Tutor and to the Student Nurse. The diagrams and illustrations are good.

More mention of the observation of the physical condition of the patient during the first bedbath should be made.

Dietetics, simple bacteriology and simple methods of sterilization and simple ward dressings would be better given during the first year, and treatments rarely used, such as application of blisters, in the third year.

The subject-matter is very good.

G.F.

Sterility and Impaired Fertility. By C. LANE-ROBERTS, A. SHARMAN, K. WALKER, B. P. WIESNER and M. BARTON. 2nd Edn. Hamish Hamilton. *Price* 24*s*.

THIS book deals with both sides of the problem of the infertile marriage. It gives a fairly clear picture of how much work is going on in the investigation of this problem, tending perhaps to over-simplify and state somewhat too dogmaticly, points which in fact are still extremely controversial. Emphasis is too evenly distributed between hypothesis and knowledge. If the authors had more rigidly confined themselves to the proven fact, the book might indeed have been reduced to a size more suitable to the student; in its present form he would find it difficult to identify the trees from the bushes. And a patient dragged through the entire forest might well wish that the subject of parenthood had never been brought up. None the less it is a useful reference volume, and the bibliography, collected at the end, is extensive.

H.A.R.

Living Anatomy. By R. D. LOCKHART. Faber. *Price* 12*s*. 6*d*.

HERE are 150 photographs of live human beings, in part or *in toto*, male and female, in postures and contortions arranged to demonstrate surface anatomy. The photographs are excellent and well annotated, not only indicating topography but function. The book can be thoroughly recommended to the student of anatomy. He would in all probability continue to refer to it during his years in the wards.

H.A.R.

Demonstrations of Physical Signs in Clinical Surgery. By HAMILTON BAILEY. 11th Edn. Part I. John Wright. *Price* 8*s*. 6*d*.

THIS publication is well-known to consist almost entirely of excellent illustrations of surgical conditions. There is only one way of learning surgery, and that by seeing surgery. This is the second best way of seeing surgery elevated to a level of real value by the magnificence of the (largely coloured) photographs.

H.A.R.

Medicine and Science in Postage Stamps. By W. T. BISHOP and N. M. MATHESON. Harvey & Blythe (distributors, H. K. Lewis). *Price* 7*s*. 6*d*.

THIS well illustrated little book throws an interesting light from an unusual angle on the history of medicine and its important and famous names.

H.A.R.

The Clinical Apprentice: A Guide for Students of Medicine. By JOHN M. NAISH and JOHN APLEY. John Wright & Sons. *Price* 15*s*.

THIS little book describes the examination of the various systems clearly, and on the whole very well, though I found the occasional facetious remarks irritating. ("Thrills are murmurs, only more so"). The sub-division of the book into "examination at leisure" and "examination of acute cases" is a useful innovation; in the second section the chapter on coma is particularly good. The book is well produced and illustrated. Itd scope is limited, however, and many students will perhaps hesitate to spend 15*s*. on a book they are not likely to use much after their first month or two in the wards.

J.C.H.

Modern Surgery for Nurses. By F. WILSON HARLOW. William Heinemann. *Price* 25*s*.

THIS is a well produced Surgical Textbook for Nurses. The illustrations are particularly good with one or two exceptions. As such a wide field of surgery is covered, *e.g.* Gynæcology and Ophthalmology, there is not sufficient detail given to the nursing care of the patient.

H.G.F.

Also received.

Aids to Ophthalmology. By P. McG. MOFFAT. 10th Edn. Bailliere, Tindall & Cox. *Price* 6*s*. 6*d*.

Aids to Embryology. By J. S. BAXTER. 4th Edn. Bailliere, Tindall & Cox. *Price* 5*s*.

Aids to Male Genito-Urinary Nursing. By JOHN SAYER. 1st Edn. Bailliere, Tindall & Cox. *Price* 5*s*.

Correspondence

Bureaucracy in Surgery (or "The N.H.S. in the B.J.S.")

SIR,—Written by a surgeon who works not an hundred miles from the statue of Guy, the following sentence, lifted whole from a recent paper, seems to me horribly suggestive :—

"The brachiopectoral fascia is incised along the dotted line."

Yours, etc.,
D. PAGET DAVIS.

The Close,
Charms Lane,
Braintree, Essex.

"Two Emergencies"

SIR,—The following reminiscence of student days at Guy's in the 90's and another since may perhaps interest you.

When I was doing my month as "Extern," I attended fifty-five cases in the month with six visits to each patient—and one other of us five externs caught me up on the last day with the same number—there was a case of Placenta Prævia at a house in Trinity Square in the Borough, my "diggings" being in the same Square.

All the Horrocks's bags having burst, others were got from Guy's and they too all burst. I suggested that, as my "digs" were in that Square I would get my bicycle-mending apparatus and we would put a patch on a burst bag. So I rang up my landlady at 2 a.m. (she wondering why on earth I should ring her up for this at that hour of the night), and we put on the patch, using iodoform instead of Fuller's earth ; and the bag remained inside the patient for the necessary time and successfully did the trick.

In Waziristan, on the N.W. Frontier, two curious cases of a leech in the larynx came to me, one a man the other a woman who had probably been drinking from a spring where leeches were. For one case I tried a gargle of salt and water, hoping that some might trickle into the larynx. The leech came up within half an hour. For the second case I tried an inhalation from oil of peppermint and hot water, and this also worked successfully. The patients had been nearly suffocated by their leeches and had had no sleep for about a week. With a laryngoscope I was able to see the leech in the larynx. I never again saw a case of this kind.

Yours, etc.,
H. D. PEILE,
Lt.-Col. I.M.S. (retired).

134, Cooden Drive,
Bexhill-on-Sea, Sussex.

Clubs' Union Rules and Constitution

SIR,—The Rules of the Clubs' Union and its Constituent Institutions have recently undergone a number of alterations. A final draft of the new version is now available for scrutiny in the office of the Medical School at any time up to 30th September next. It is then proposed that the draft be laid before the meeting of the Clubs' Union Council to be held on 29th October for final ratification.

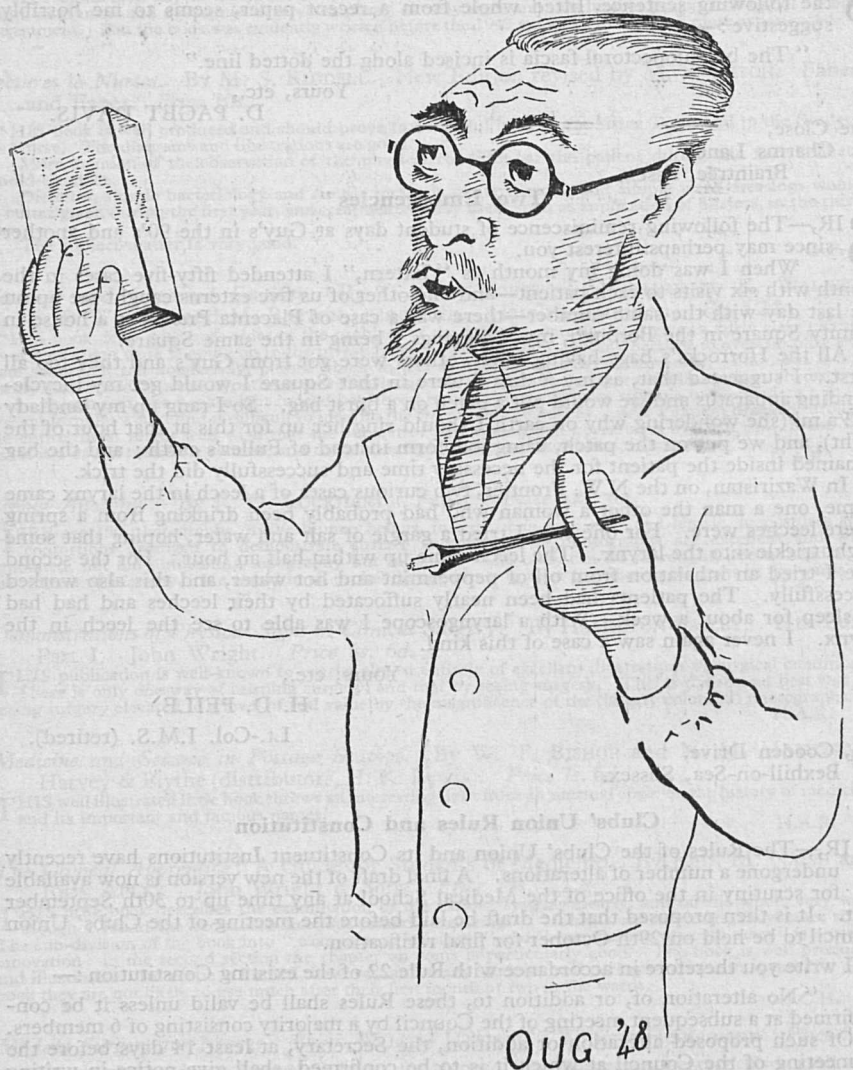
I write you therefore in accordance with Rule 22 of the existing Constitution :—

"No alteration of, or addition to, these Rules shall be valid unless it be confirmed at a subsequent meeting of the Council by a majority consisting of 6 members. Of such proposed alteration or addition, the Secretary, at least 14 days before the meeting of the Council at which it is to be confirmed, shall give notice in writing to the Secretary of each of the Constituent Institutions, and shall post a natice in the rooms of the Students' Club, *and shall cause a notice to be inserted in the Guy's Hospital Gazette.*"

If you would be good enough to insert the appropriate notice in your next issue I shall be extremely grateful.

Yours, etc.,
ROY GOULDING,
Assistant Hon. Secretary, Clubs' Union.

Guy's Hospital, S.E.1.



S. J. de N., 1948.

Sport

CRICKET

INTER-HOSPITALS CRICKET CUP SEMI-FINAL

GUY'S *v.* MIDDLESEX HOSPITAL

at Chislehurst. Won by 7 wickets.
on Wednesday, 25th August, 1948.

The replay of the semi-final at Chislehurst proved to be a triumph for our bowling attack, more especially for our faster men. Nicholson won the toss and elected to send our opponents in to bat, a move which was later shown to be wise, for almost immediately O'Driscoll started to take his toll. With a new ball, a little help from the wicket and a very fresh cross-wind, he and Russell bowled as well as ever they have, Russell moving the wall away late in the air, and O'Driscoll bringing it in sharply off the wicket. Faced with this onslaught the Middlesex batsmen were at no time in the least comfortable. In his second over, with three runs on the board, O'Driscoll beat the bat twice and with the third ball obtained a snick which sent Lees back to the pavilion. Five more runs were scored and then Russell registered his first success, bowling Schofield for 2. Wickets fell regularly every ten minutes until 1.5 p.m. when stiffer resistance was encountered, lunch being taken with no further loss: the score then was 40 for 7 wickets. After lunch the remaining three wickets fell for the addition of another 15 runs, the Middlesex total reading 55 for 10, their innings having lasted for 1 hour 45 minutes.

Our opening batsmen, faced with a total which was by no means large, and with a threatening sky overhead, set about the bowling with a light heart. The respect with which their bowling had been treated in our earlier match was noticeably absent, Woodford in particular scoring freely on every possible occasion. In 17 minutes he scored 18 runs before being caught in the deep field—1 for 22 runs. Williams then joined Russell and together they took the total to 51, when Russell was out. Williams followed 2 runs later, leaving Gilbert and Nicholson 3 runs to score which they did without further loss.

The feature of the game was the superb bowling of the Guy's attack, and it is pleasant to be able to record that this was supported by excellent fielding. Perhaps the crucial event of the match was the dismissal of Bodkin, the Middlesex skipper, a fine batsman, for the small total of four. A good ball from O'Driscoll failed to come in off the pitch as they usually do, and thus Bodkin played inside it, snicking it into the slips where our skipper Nicholson brought off the finest slip catch seen in a Guy's team this year.

Team: R. G. Nicholson (Capt.), P. S. B. Russell, E. W. Graham, J. D. Williams, H. M. C. O'Driscoll, M. C. Gilbert, J. F. Woodford, W. H. Garland, T. Smith, H. R. Prentice, A. H. Whitaker.

STOP PRESS

INTER-HOSPITAL CRICKET CUP FINAL
GUY'S v. ST. BARTHOLAMEW'S

Lost by 7 wickets. Guy's 123 and 104.

St. Bartholamew's 165 and 63 for 3 wickets.

Hospital Information, etc.

PASS LIST

UNIVERSITY OF LONDON.

M.S. EXAMINATION.

Branch II. (Dental Surgery).

W. G. Cross

THIRD (B.D.S.) EXAMINATION IN DENTAL SURGERY.

July, 1948.

Honours.

R. McK. Carson, *c.*
J. D. Derry, *a.*
J. C. Farrow, *b.f.g.*
N. R. Howells, *f.g.*
A. A. Robinson, *c.e.*
A. H. R. Rowe, *b.e.f.g.*

a. Distinguished in Medicine.
b. Distinguished in Surgery.
c. Distinguished in Pathology and Bacteriology.
e. Distinguished in Operative Dental Surgery.
f. Distinguished in Dental Surgery.
g. Distinguished in Orthodontics.

Pass.

W. J. Bailey
C. N. Furnivall
R. L. Leader
C. B. H. Watson

SUPPLEMENTARY PASS LIST.

The following student has passed in Group I:

T. C. J. Price

The following students have passed in Group II.:

H. E. Dyer
J. G. Whitelegg

SECOND EXAMINATION IN DENTAL SURGERY.

Part I.

July, 1948.

R. L. Batty
E. M. Bearn
A. J. Bligh
R. E. Collinson, *b.*
G. A. Davis
R. J. G. Day
C. H. Dexter
S. S. R. Earl
P. Elias
B. A. Embleton-Smith, *b.*
A. G. Jennings
R. V. S. Muscat, *a.*
N. E. Price
I. I. Singer
J. Stott
J. C. Walby
W. C. Whaites
M. L. Wilder
D. O. Wilkes
W. J. P. Wilkie
J. M. Wood

The following student is credited with General Anatomy and Physiology only:

J. S. Tisdall

a. Awarded a mark of distinction in General Anatomy.
b. Awarded a mark of distinction in Special Anatomy and Histology.

Part II.

Old Regulations.

P. Glazebrook

New Regulations.

D. R. Burnapp
J. J. Dickens
W. H. Garland
P. E. Gerrard
H. Levison
H. W. Powell

CONJOINT BOARD.

DIPLOMA IN PUBLIC HEALTH.

P. C. Dismorr

DIPLOMA IN ANÆSTHETICS.

T. H. S. Burns

SPECIAL FIRST EXAMINATION FOR MEDICAL DEGREES.

July, 1948.

D. P. Adamson
F. Allan
V. C. J. Barker
M. C. Batcheldor
C. Bishop
P. D. Bowen
W. M. S. Boyd
N. C. Brooks
J. A. A. Bullard
B. T. Burrell
R. Y. Calne
T. A. P. Clarke
P. Cook
D. Dodshon
D. V. Duckworth
J. R. Duke
G. Evans
R. H. Farrell
I. C. Fuller
Margaret F. Gill
I. E. Gurner
D. Harris
E. C. Howarth
J. G. P. Hunt
R. C. Jeffery
R. G. Jones
R. F. N. Jones
J. W. Jordan
K. Kelly
J. W. Kirkbride
E. R. Lester
D. H. MacLeod
N. E. Malyon
W. P. N. Moore
R. G. Orr
J. V. Parson
J. H. Peters
R. H. Pownall
I. F. S. Rae
G. S. Rawson
N. H. Reeves
J. A. C. Rozario
S. C. C. Scott
T. B. Stephen
A. P. O. Stewart
R. M. Stewart
M. K. Strelling
B. A. Tudgay
J. L. Turk
D. J. Waller
R. W. P. Yates

GENERAL FIRST EXAMINATION FOR MEDICAL DEGREES.

July, 1948.

A. A. Roe

APPOINTMENTS

W. G. Cross, M.S., has been appointed Lecturer and Head of the Department of Periodontia at the Institute of Dental Surgery, Eastman Clinic, Gray's Inn Road, W.C.1.

A. J. P. Graham, F.R.C.S., has been appointed Lecturer in Surgery to Dental Students at the University of Edinburgh.

Humphry Osmond, M.R.C.S., L.R.C.P., has been appointed First Assistant at St. George's Hospital and the Atkinson Morley Emergency Hospital.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

Dr. Geoffrey Marshall has been appointed Harveian Orator for 1949.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Faculty of Anæsthetics.

The following have been elected fellows :—

R. W. Cope
T. A. B. Harris
R. Jarman
A. G. Levy
W. S. McConnell
G. R. Phillips
E. H. Rink
E. A. Scott
Sir Francis Shipway
R. L. Soper

ROCKEFELLER TRAVELLING FELLOWSHIPS IN MEDICINE.

The Medical Research Council has awarded the following Rockefeller Fellowship for 1948–9 :—

Dr. L. P. R. Fourman, Nuffield Department of Clinical Medicine, University of Oxford.

SOCIETY OF APOTHECARIES OF LONDON.

Dr. P. M. F. Bishop has been admitted to the Freedom of the Society of Apothecaries of London.

UNIVERSITY OF LONDON.

Institute of Child Health.

Dr. R. E. Smith will deliver a lecture for post-graduates at the Hospital for Sick Children, Great Ormond Street, W.C.1, on "Physical Development of the Adolescent."

NOTICES

GUY'S HOSPITAL DENTAL SCHOOL.

Applications are invited for the following appointments, to commence on 1st November, 1948 :—

(1) Half-time Assistant to the Director of the Conservation Room.

(2) Half-time Assistant in the Department of Preventive Dentistry.

Salary for both appointments at the rate of £550 + £50 to £750 per annum, plus superannuation and family allowances. Forms of application are obtainable from the Dean, Guy's Hospital Dental School, London, S.E.1, to whom applications with the names of three referees should be sent not later than Saturday, 9th October, 1948. Appointment will be for one year in the first instance.

STUDENTS' UNION.

Dr. W. F. Rienhoff will address the Students' Union on Friday, September 17th, at 4.30 p.m., in the Physiology Theatre. The subject will be announced later. Nurses and members of the staff are also invited to hear Dr. Rienhoff.

DENTAL SOCIETY DANCE.

The Dental Society Annual Dance will be held at The Grosvenor House Hotel, Park Lane, on Friday, 19th November, 1948, from 8 p.m.–1 a.m. Evening Dress and Full Buffet. Tickets 25*s.* each single from B. S. Saunders and D. G. Bunker (Hon. Dance Secs.).

CHANGE OF ADDRESS

A. J. P. Graham, M.B., B.S., F.R.C.S., 9 S.E. Circus Place, Edinburgh 3, and Dept. of Surgery, The University, Edinburgh 8. (Tel.: 45264.)

Miss M. Foster-Smith (Matron), University College Hospital, Mona, P.O. Kingston, Jamaica.

J. K. Ogden, M.R.C.S., M.R.C.O.G., Ormond, Phillip Street, Warracknabeal, Victoria, Australia.

BIRTHS

OGDEN.—On August 11th, 1948, to Bobs (née Pocock), wife of J. K. Ogden—a son, and brother for Jane.

ROBERTSON-RITCHIE.—On August 16th, 1948, to Jane and Douglas Robertson-Ritchie, "Applins," Appledram, Chichester—a brother for Jean and Elspeth (Hugh).

DEATHS

HIGGS.—On August 12th, 1948, Walter A. Higgs, M.R.C.S., L.R.C.P., of 6, Elphinstone Road, Hastings, Sussex.

LOWP.—On August 18th, 1948, Percy Roycroft Lowe, *O.B.E.*, B.A., M.B., late President British Ornithologists' Union, aged 78 years.

PERCEVAL.—On August 10th, 1948, John Lansdowne Perceval, M.R.C.S., L.R.C.P., of Blandford, Dorset.

Eds. { H.A.R. / R.A.K-E.

GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

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PASSIM

OF the many arts of medicine one of the least easy to acquire is that of successfully forecasting the outcome of a disease. To do so requires a very wide clinical experience, and even then everyone is not equally gifted. In this respect, however, Dr. T. Wilson Parry was no mean exponent, although he erred by eighty years in forecasting what may prove to be a malignant degeneration. His foresight is exemplified in a poem he wrote before the war. It was entitled " The Family Doctor—A.D. 2028 " and we quote two verses :—

> The General Practitioner is now, alas, no more ;
> Gone are his lamp and speaking tube, the plate upon his door.
> By Britain he was once beloved and wanted in his way,
> But constant socialist schemes have spoilt his kingly sway.
>
> A Minister of Health conceived a vast and crazy plan—
> That Britons all should be upon the Panel, to a man ;
> So now the art of healing has been shifted to the State,
> Folks have to do as they are bid—A.D. 2028 !

Some of the repercussions of the Health Act are now being felt, not the least of them, from our point of view, being that the great increase in administrative work has necessitated our removal to St. Thomas' Street, our present office in the Colonnade being taken from us.

For further information you are referred to the Change of Address column in Hospital Information !

The subject of the National Health Act is at least a controversial one, as the often voluminous correspondence between its antagonists and protagonists bears eloquent witness. What is far less debatable is the Authorities handling of the pay of student nurses, which has been reprehensible in the extreme. For years past the nursing profession has been systematically exploited by the unscrupulous who have paid them a mere pittance, knowing the while that their humanism was such that they would never dream of striking for higher wages, or of committing any act that could conceivably be detrimental to their patients. Accordingly, when the National Health Act became law, we all hoped that the Ministry would insist on nurses receiving a reasonable living wage commensurate with their training and experience. But Oh no ! Those who are not prepared to strike for more pay are not deemed worthy of an increase, and so nothing was done, and nurses and sisters alike continued to earn considerably less than many a dish-washer or floor-polisher. But that was not all, for the salt had yet to be rubbed into the wound.

A few weeks ago a minority of vociferous student nurses prostituted their profession by threatening to walk out unless their pay was immediately increased. Instead of dealing with this in the way that all unofficial strikes should be dealt with, the Ministry capitulated and granted the students a substantial increase. We now have before us the edifying spectacle of *student* nurses earning more than staff nurses of several years experience. The inference is frighteningly clear. If nurses (and Housemen if it comes to that) are to get a reasonable wage, they can only do so by deliberately threatening to walk out on their patients. Heaven preserve us from that ! But there is only one alternative ; it is up to the Leaders of both professions to demand that the whole

question of payment and residential emoluments be overhauled, and retrospective adjustments made. It is their duty to do this ; let us hope they will not let us down.

ON September 6th, Mr. E. G. Slesinger was elected Vice-Chairman of the Board of Governors of this Hospital. This is a most heartening appointment, and not only are those concerned to be congratulated on their wisdom in electing such a distinguished committee-man to this significant office, but we ourselves must be considered fortunate indeed that under the New Rule we shall find in this important post a man so imbued with the spirit of the Old and Voluntary Guy's, so interested in, and so integral a part of, our great traditions. We have already intimated our appreciation of the fact that Lord Cunliffe is Chairman. The Board should not want for good advice and direction, nor Guy's for loyal service.

ON April 24th, 1948, we announced that Dr. A. D. Marston, Prof. R. R. Macintosh and Dr. A. H. Musgrove were respectively Dean and Members of the Board which governs the Faculty of Anæsthetics of The Royal College of Surgeons. Their names were, however, erroneously omitted from the list of Fellows of that Faculty, published in our last issue. We would like to tender our humble apologies.

Eyebrow Repairs by Thin Deep Grafts

By PATRICK CLARKSON, F.R.C.S.

THIS note describes a method of eyebrow repair which three years ago I found to be in fairly general use in the United States, but which is perhaps less widely used here. Details of the technique were given to me by Dr. Sterling Bunnell, of San Francisco, and by Dr. Truman Blocker, of Texas. My experience has confirmed their description of it as a reliable and simple method.

Eyebrow repair is a matter of great importance for fighting personnel, particularly the R.A.F. The functions of the eyebrow are to protect the eye from glare, wind, sweat and rain. Its restoration is clearly important to the full efficiency of a pilot, or a desert soldier. On the other hand in civil life, particularly with women, it is less the functional disability than the disfigurement which often worries the patient most. Methods of repair which can give an adequate functional result do not always give a natural appearance. The classical methods are :—

1. Full thickness (Wolfe) free grafts of hair-bearing scalp.
2. Artery pedicle grafts of scalp.
3. Scalp flaps.

In those rare cases of complete alopecia without any hair-bearing skin on the body, tattoo may be considered as an aid to appearance.

Full Thickness (Wolfe) Grafts : This is the standard method of eyebrow replacement. A graft of the shape and size of the missing eyebrow is cut from the scalp ; preferably temporal scalp which is thinner and takes more evenly. The classical technique is to remove the fat from the deep surface of these grafts to ensure an even take. Some damage to hair follicles is inevitably caused. These grafts often show a patchy late growth of hair which can be very unsightly, and this is the objection to the method.

Artery Pedicle Grafts : An area of upper temporal scalp supplied by a visible branch of the temporal artery is cut to eyebrow shape and size, sparing the artery which enters its lower pole. This artery is dissected down to the region of the tragus, leaving the graft attached to a long arterial pedicle. A skin defect is established in the position of the missing eyebrow and the graft is tunnelled into this position and sutured into place. This is a good method for restoring a uniform thick growth of eyebrow hair. It is a somewhat tedious operation—especially if both sides have to be done ; it may not be possible if scalp flaps have already been used for repair of nose or other parts

of the face. An additional objection or reason is that the growth of hair is sometimes too heavy for women.

Scalp Flaps : Eyebrows can, of course, be formed by a flap of hair-bearing scalp carried on a temporal or other pedicle. This pedicle is later returned leaving a flap of hair-bearing skin in the eyebrow region. It is sometimes possible to design an eyebrow from a hair-bearing part of a forehead flap which is being used for the repair of nose or eyelids. A scalp flap is, too, the only method of complete certainty where there is dense scarring in the eyebrow region. The operation which is done in at least two stages, is unnecessarily elaborate for most cases, and the excessive hair growth of these flaps may make them unsatisfactory for women.

THIN DEEP FREE GRAFTS OF HAIR-BEARING SCALP.

It was long held that for a full thickness skin graft to take evenly it had to be cleared completely of subcutaneous fat. Barrett Brown, Gillies, and others have shown that this is not true when the ear is used as the donor site, and that composite free grafts of skin, cartilage and fat can be taken from the ear and placed on other parts of the face with a high percentage of uniform takes. The rich vascularity of the rim and lobe of the ear probably produces this result, but it is also clear that any donor site skin which is fairly thin can carry a certain amount of fat on its deep scar face without prejudice to the take. This is particularly so if the graft is narrow, so that all parts may be readily nourished by diffusion during the first 2–4 days before the invasion of capillary loops is firmly established. Narrow grafts of hair bearing scalp carrying some subcutaneous fat and leaving the hair follicles intact can therefore be expected to take uniformly.

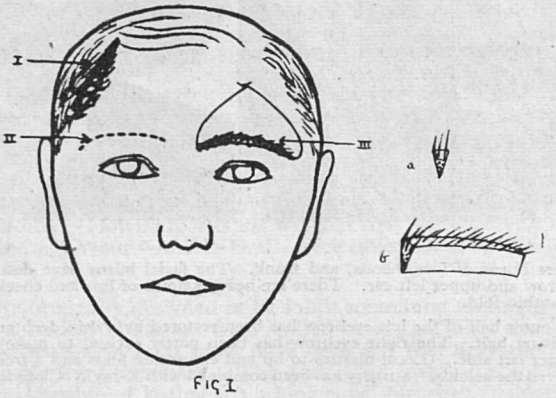

FIG. 1. I. Donor site from temporal hair-bearing scalp. a and b show that grafts contain fat and the complete hair follicles. They are about 3 mm. broad.

II. The incision along the eyebrow line to receive the graft is made into subcutaneous tissues.

III. Graft fixed in place by continuous (40 gauge) SS wire which passes through dermis of incision edges and of graft.

Technique.

Temporal scalp is used as donor site. Grafts of requisite length are cut to contain 2–3 rows of hairs and with sufficient fat to carry the complete hair follicles intact. (Dr. Bunnell used three blades lashed together so that two identical grafts can be cut at the same time). In women it may be best to use the opposite eyebrow, reversed, as the donor site. This produces two thin symmetrical eyebrows. An incision into subcutaneous fat is made along the line of missing eyebrow. For men in need of thick functional eyebrows two parallel incisions 2 mms. apart are made, and a graft is sewn into each incision. (The non-hair-bearing skin between the grafts can be excised some weeks later). A continuous stainless steel gauge 40 suture, passed from dermis of incision edge through dermis of graft and dermis of opposite edge, is easy to insert and gives a good fixation. Tulle gras, pressure wool and Elastoplast complete the dressing. The wire is removed at the 6th–10th day.

Results : The method is a simple one and conveniently done under local. In over twenty of these grafts done during the last two years every one has been an "edge to edge" take which has been followed, about three months after the original depilation, by a uniform hair growth of normal eyebrow appearance. These grafts appear to be particularly suitable for eyebrow replacements in women for whom a thin eyebrow is often desirable. For young men needing full eyebrow function two or more of these grafts on each side may be necessary.

FIG. II. Severe burns of face, hands, and trunk. The facial burns have destroyed outer half of oeft eyebrow and upper left ear. There are heavy keloids of lips and cheek, and a well marked left epicanthic fold.

FIG. III. The outer half of the left eyebrow has been restored by a thin deep graft taken from the inner surviving half. The right eyebrow has been partly excised to make it symmetrical with the thinner left side. (Local plastics to lip and epicanthic folds and a free graft to the cheek have relieved the keloids. Surgery has been combined with X-ray.) Close focus photo; no make-up.

The photographs show the result of the use of a thin deep free graft replacement for the outer half of the eyebrow of a nurse who was badly burnt on face, hands and trunk. A broad functional eyebrow was not wanted here. The intact side could therefore be thinned and used as a donor site. She had a marked tendency to keloid function in all scars of the face. I am indebted to Mr. Carter Braine for the irradiation which is an essential part of the treatment of such scars.

Correspondence

Hilda M. Gration

SIR,—May I beg the hospitality of your columns to thank so many Guy's friends for their kind letters on my retirement and also for the parting gift to which they subscribed. I appreciate their good wishes more than I can say.

Yours sincerely,

HILDA M. GRATION.

Mol-ur of the Caries

An archæological allegory presented with apologies to Sir LEONARD WOOLLEY.

THE archæologist must combine more of the Arts and Sciences than any other scholar. He must be Chemist, Historian, Ancient Linguist, Anatomist and, in fact, the whole University rolled into one. Besides this, a study of the pre-1914 life of Lawrence of Arabia will readily show that, in a region like Mesopotamia, his footwork must be as good as his guesswork. Therefore last season, being weary of the whine of bullets and not knowing whether the next explosion would lift the Hanging Gardens off their sky-hooks, we decided to work nearer home, on the site indicated in the title.

Now this field was as new to us as it is to most of you, but the dig has enabled us to establish that certain principles hold here as well as in the Middle East. Having located a city and scraped away the overlying layers of rubbish (or Tar-Tar) and the coke from the holy fires or Ziggarets, the first buildings we located were temples. The importance of religion was obviously as great here as elsewhere.

The temples were of various shapes, but the general method of construction was more or less the same in each case. It did, in fact, closely resemble that of an Egyptian pyramid, there being a holy of holies analogous to the burial chamber, surrounded by a core of inferior material faced with a thin layer of high quality stone called Ena-Mel. Whereas the Egyptians were content to use a few odd tons or so of granite to seal the tomb chamber, these temples each contained a living guardian, the temple keeper or Noive, who lived in the holy of holies himself. This apartment was called the Pu-Ulp.

Before going any further with a description of the temples and of the activities which centred about them, it would be as well to say something of the kings who built and maintained them. Now, were this a report to a Government Department or a book on Popular Science, I should dismiss them with the phrase " In a brief summary such as this, it is impossible to tell. . . ." However, between you and me and the Colonnade, the raw truth is that very little is known, except that they did more repair and maintenance work than actual building. However, it is known that they were called Dent-Ists and that some of them, finding favour with the Gods, were called Dent-Al-Sir-Jon, meaning " King of Kings."

The Temples were originally designed to be solid, containing no rooms or chambers for offerings. Just as in Egypt, statues were walled in so that only the (presumably) omniscient god could see them, so it must have been felt that only the outward and visible signs of a temple were necessary. The god could dwell in the solid rock. A well made temple was capable of lasting for a long time, but they frequently fell prey to the depredations of temple robbers, called Bakta-Ria. These appear to be members of a cult of fanatics, whose aim in life was to hollow out the rubble between the outer casing and the Pu-Ulp and, if possible, reach the sanctum sanctorum. They usually made a small and well hidden entrance, to avoid detection, and then, once through the outer facing, commenced work on a really large scale. Sometimes they were able to labour away in peace for many years before their efforts caused the complete collapse of the temple or the Keeper of the Temple complained.

Some authorities hold that they were divided into sects called Strep-Toe-Kokus-Mew-Tano, Assi-Dofulus, etc., each of which was responsible for a particular job such as making the first entry or clearing away the rubble and so forth. The said authorities cannot agree as to which sect does what, but as yet, no duels have been fought.

It was the job of the keeper of the temple, or Noive, to keep the edifice in repair and to warn the authorities in good time of any attack upon their property. Like so many priestly sinecures, this arrangement bred corruption and indolence and, usually, the keeper neglected his duties until it was too late. Long, then, and persistent would be his pleas for help and so irritating did they sometimes become that the authorities would order the pulling down of the temple and the removal of the offending keeper. Such a drastic step was only ever taken extremely regretfully, of course.

If, as was usually the case, the keeper gave warning only when the robbers had got far enough to be out of hand but not far enough to destroy the temple, the authorities would order them to be rooted out and damage repaired. The rooting out was done by members of the kingly caste using weapons called burrs. They frequently wielded these so vigorously that the temple keepers were more in fear of their lives from them than from the robbers and would beseech the city to call them off! The hole (or Cavitie) left by these activities, was then blocked up with tightly packed concrete or an alloy called Am-Al-Gannor in the most prosperous cities gold. The latter was presumably an offering to the offended god. The insertion of these fillings was always accomplished by an elaborate ritual, in which a libation was poured into the Cavitie and an imitation east wind made to blow on it by means of bellows. It was believed that, the colder the wind, the better.

In some cities the older type of temple had been replaced by a different model, made entirely of porcelain and built on an artificial base instead of having foundations reaching into the local bedrock. These are known as false temples or templates. The exact reason for these is still obscure, but it is believed that a number of causes contributed. Firstly, there is evidence that later builders were unable to copy the original masters just as in Egypt there was a falling off in craftsmanship in the later dynasties. Secondly, an increase in the prosperity of the cities may have made it possible to build of solid porcelain instead of just facing the temples with this rare material. And lastly, the attacks by temple robbers and the accompanying defections by the temple keepers were now obviated. Porcelain is too hard for robbers to burrow in, and hence there was no longer any need for the keepers either. Whatever the real causes, these listed above must have had considerable bearing on the change.

Sometimes, both types occurred side by side in the same city, and then it was not infrequent for the newer temples to be buttressed into place by bridgework of gold filigree extending from the older ones. Gold cabling was also used to realign buildings which were toppling due to the subsidence of their foundations.

We will now describe two temples excavated in the last season. The first was near the entrance to the city and was identified as that of In-Ci-Sor, the goddess of advertising. Pictures of her temples attached to various goods were believed by the merchants of the times to be efficacious in procuring a good market for them. For this reason and also because, always being situated near the entrance to the city, running water was readily available, the temples of In-Ci-Sor were usually kept clean and in reasonably good repair. However, it was found that this particular one had suffered in a battle with a rival city. The upper regions had been destroyed, leaving the core and the keeper exposed to attack by robbers. The authorities had obviously decided to rebuild afresh on the old foundation. The keeper had been dispensed with and his apartments filled with solid gold: a sort of gold-keeper. On top of this, the temple superstructure had been remodelled in gold with a facing of porcelain on the side opposite the city gates.

The second temple excavated (and I said excavated) was the Ziggurat. The origin of the name is obscure but it is believed to be connected with the Ziggaret or holy fire that was burnt at the city gates to appease the Noives when the cities' affairs were not going too well. This particular temple was in a very bad state, having been subjected to many attacks. Digging through the various layers the work of more than one king was detected. Some interesting foundation deposits* were found, including oddly shaped pieces of Am-Al-Gam, pieces of a plastic material called Chewg Um and the seeds of a berry called the Rasp†. The full significance of these discoveries has not yet been determined but it is hoped to speed up operations in the forthcoming season by the use of explosives.

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* Articles placed in the foundations of buildings to show the date of construction and by what king. They are usually situated at the four corners.

† They were sent to the Biology Department for identification. I presume that this is a correct interpretation of the somewhat succinct reply.

Guy's Diary

SEPTEMBER—OCTOBER

ACADEMIC

Sept.
27th. 3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.
4.45. Professor Whillis. Postgraduate Lecture. "The Development of Standing, Walking and Running." Diplock.
28th. 1.00. Dr. W. F. Rienhoff. Clinical Lecture. "The Clinical Manifestations and Treatment of Hyperparathyroidism."
29th. 2.00. Dr. Marston. Postgraduate Revision. Lecture in Anæsthesia. Clinical Theatre. Surgical Block.
30th. 5.00. Dr. W. F. Rienhoff. Film: "Herniotomy." Anatomy Theatre.

Oct.
1st. 1.00. Dr. Grant. Clinical Lecture.
4th. Exhibition: "Gastric and Duodenal Ulcer." Department of Surgery.
1.00. Professor Miles Phillips. Clinical Lecture. "Some Facts of Historical Interest in Obstetrics."
3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.
5th. 1.00. Mr. Guy Blackburn. Clinical Lecture.
6th. 1.00. Dr. Craft. Clinical Lecture and Film, "Joints of the Body—Muscular Control and Movement. Cine-radiographic Film illustrating each Joint."
7th. 1.00. Mr. Grant Massie. Clinical Lecture.
4.30. X-ray Meeting. Gordon Museum.
8th. 1.00. Sir John Conybeare. Clinical Lecture. "Some Practical Points in the Management of Diabetes."
2.15. Sir Charles Symonds, Dr. Boland, Dr. Hardwick. Combined Round. Preclinical Classroom.
9th. 10.0. Mr. Arthur Porritt, of St. Mary's Hospital. Surgical Departmental Round. Clinical Theatre.
11th. 1.00. Mr. Frank Cook. Clinical Lecture.
3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.

SPORT

Sept.
25th. Rugby XV. *v.* Blackheath. (Away).
6.15 and 8.30. The Guy's Players. "Non Nobis" and "Dark Brown." Massage Gym.

Oct.
2nd. Rugby XV. *v.* United Services, Portsmouth. (H.O.P.).
9th. Rugby XV. *v.* Aberavon. (Away).

Reviews

Elements of Surgical Diagnosis. Sir ALFRED PEARCE GOULD and C. P. G. WAKELEY. 9th Edn. Cassell. *Price* 15*s.*

SIR CECIL WAKELEY has turned his attention to the revision of yet another of our long established and trusted surgical textbooks. The title is self explanatory; but to those newcomers who are not acquainted with this little book, I thoroughly recommend it. To preclinical student and postgraduate alike it has much to offer; for diagnosis is one of the legs on which the art of surgery stands.

A.J.D.

Dental Mechanics for Students. By JOHN OSBORNE. Staples Press. *Price* 27*s.* 6*d.*

THIS is the second edition of Professor Osborne's little book and has been much enlarged and improved. Large sections have been entirely re-written, there are many new illustrations and additional chapters on acrylic resins. There is a little general information on chemistry of various dental materials, included presumably for the junior dental technician who is reading for his certificate of the London City and Guilds: it is quite insufficient for the dental student.

Although this book is a useful introduction to the subject of dental mechanics, it is open to the serious criticism that it offers no help to the serious student who wishes to study more deeply: it contains no references, an omission which will, one hopes, be remedied in future editions.

H.B.F.

Emergencies in Medical Practice. By C. A. BIRCH. 1st Edn. Livingstone. *Price* 25*s.*

THIS book covers a wide range of medical emergencies, and if it is as successful as I predict, will influence the judgment of thousands of doctors and so the lives of many people. I cannot do justice to it in the space of a few words; indeed, only use over many years will show whether it does what Dr. C. Allen Birch intended. It is well worth buying. It is full of excellent advice on everything from mushroom poisoning to cerebral malaria. Dr. Birch has obtained the help of other specialists who have done their work admirably, but sometimes the writers have been unable to imagine themselves hard pressed, alone, trying to cope with an unfamiliar subject and this gives their contributions an academic air, making one feel that in any emergency a well-equipped hospital is only just round the corner. Perhaps this could be remedied by having in addition to the good chapter on Practical Procedures another on improvisations. The Medico-Legal chapter written by the Editor is excellent. I shall keep my copy in my bag and find a corner for it when I go on holidays. In the next printing I hope that Messrs. Livingstone will scrap the fancy red library binding and make a proper job in American cloth or some similar wipeable material.

SINBAD.

Synopsis of Regional Anatomy. By T. B. JOHNSTON. 6th Edn. Churchill. *Price* 18*s.*

AS the author remarks in his preface, "the book should not be consulted at all until the actual work of dissection has been completed, and revision is being undertaken." For revision, and occasional reference when anatomical factual knowledge has been left unfortunately far behind, we know no better book than this.

Sport

RUGGER CLUB

GUY'S HOSPITAL RUGBY FOOTBALL CLUB

PROSPECTS, 1948–49.

There has been much activity among rugger players at the Hospital with training in the gymnasium, trials at Honor Oak Park and a general loosening up in preparation for the coming season. This is a sign that Guy's rugger enthusiasts will welcome and it is hoped that under the personal influence of H. L. Brunow, captain for the second year in succession, the physical fitness of the team will receive much attention.

Of last year's successful side we have lost the valuable services of A. B. Lee, B. W. Cole, D. F. Cottier, A. de Villiers, and possibly P. D. V. Harrett, who is not at the moment in the best of health. It will be difficult to replace these stalwarts but we are fortunate in being able to call upon N. K. Macrae-Gibson, C. H. Kinder and P. D. Harvey, now returned from the services, and in addition, J. Max Harvey, full-back and W. G. Davies, a back-row Cambridge University blue, should add considerably to the playing strength.

It is early yet to assess the value of newcomers to the Hospital but last year's "A" XV had some promising material, many of whom are ready to occupy places in the senior side and of these A. A. Bailey, scrum-half, T. G. L. Bellis and B. J. Cremin, both forwards, get an early chance in the opening match against Catford Bridge. It is most unfortunate that M. Hatton and P. Rademan will not be available for the opening matches owing to illness and injuries.

A strenuous season faces the club with fixtures arranged for five fifteens, the first team having 30 matches down for decision. Obviously, a great effort will be made to retain the Inter-Hospitals Cup, but it can only be accomplished by an abundance of confidence in the players ability to win and a sound team spirit. Defending the cup is an entirely different thing to challenging for it and we can be assured that even greater efforts will be required to retain our spoils.

It is hoped that the crowds at Honor Oak Park will be even greater than last season and the players can be inspired to prodigious heights by the enthusiasm of the supporters. The Pavilion at Honor Oak Park has been improved and visitors may enjoy a pleasant evening socially.

Last season's record was a brilliant one, the best since the peerless years that followed the 1914–18 war, and there is no reason why that record should not be maintained or even surpassed during the ensuing season. The success of it depends on the players and the enthusiasm of our supporters.

FIXTURE LIST, 1948–9.

1st XV.

1948.		*Opponents.*	*Ground.*
Sept.	18	Catford Bridge	H.O.P.
,,	25	Blackheath	Blackheath
Oct.	2	United Ser., Portsmouth	H.O.P.
,,	9	Aberavon	Aberavon
,,	16	Bedford	Bedford
,,	23	Plymouth Albion	H.O.P.
,,	30	Nuneaton	Nuneaton
Nov.	6	Old Blues	H.O.P.
,,	13	Birkenhead Park	H.O.P.
,,	17	Cambridge University	Cambridge
,,	20	Rosslyn Park	H.O.P.
,,	27	London Irish	H.O.P.
Dec.	4	Coventry	Coventry
,,	11	Old Cranleighans	H.O.P.
,,	18	Moseley	H.O.P.
,,	25	Old Milhillians	Away
1949.		*Opponents.*	*Ground.*
Jan.	1	O.M.T.'s	Croxley Green
,,	8	Wasps	Sudbury
,,	15	Old Alleynians	H.O.P.
,,	22	Metropolitan Police	H.O.P.
,,	29	Devonport Services	Devonport
,,	31	Paignton	Paignton
Feb.	5	Coventry	H.O.P.
,,	12	Swansea	Swansea
,,	19	Aberavon	H.O.P.
Mar.	5	London Welsh	H.O.P.
,,	12	Old Paulines	H.O.P.
,,	19	Gloucester	Gloucester
,,	26	Old Whitgiftians	H.O.P.
April	2	Richmond	Richmond
Easter		Tour	

"A" XV.

1948.		*Opponents.*	*Ground.*
Sept.	18	Catford Bridge "A"	H.O.P.
,,	25	Blackheath "A"	H.O.P.
Oct.	2	United Services, Portsmouth "A"	Portsmouth
,,	9	Gravesend	Gravesend
,,	16	Charing Cross and Royal Hospital	H.O.P.
,,	23	Rochester	Rochester
,,	27	Queen's Coll., Cambridge	H.O.P.
,,	30	Bedford Wanderers	H.O.P.
Nov.	6	Old Blues "A"	Fairlop
,,	13	Norwich	Norwich
,,	20	Rosslyn Park "A"	Richmond
,,	27	1st Batl. Welsh Guards	Chelsea
Dec.	4	London Scottish "A"	Richmond
,,	11	Lewes	Lewes
,,	18	Tonbridge	Tonbridge
1949.		*Opponents.*	*Ground.*
Jan.	1		
,,	8	Wasps "A"	H.O.P.
,,	15	University Coll. Hospital	Motspur Park
,,	22	Metropolitan Police "A"	H.O.P.
,,	29	Old Westcliffians	H.O.P.
Feb.	5	Exiles	Twickenham
,,	12	London Irish "A"	H.O.P.
,,	19	Richmond "A"	Richmond
,,	26	England *v.* France	Twickenham
Mar.	5	London Welsh "A"	H.O.P.
,,	12	Old Paulines "A"	Thames Ditton
,,	19	England *v.* Scotland	Twickenham

INTER-HOSPITALS RUGGER CUP 1949

	1st Round.	*2nd Round.*
1.	Bye	St. Mary's
2.	Bye	St. Bart's
3.	Bye	London
4.	U.C.H.	—
5.	Westminster	
6.	St. Thomas's	—
7.	King's College Hospital	
8.	Bye	Middlesex
9.	Charing Cross	—
10.	St. Georges	
11.	Bye	Guy's

CRICKET

INTER-HOSPITALS CUP FINAL

GUY'S *v.* BART'S

at Teddington on Sunday, September 5th.

R. G. Nicholson, captaining the Guy's XI for the last time, correctly judged the fall of the coin and we saw Blake and Woodford open the first innings for Guy's. Although in this match time was of no importance the score rose at a steady rate until at 28, Clappen, in his first over, caught

and bowled Woodford. With the sun beating down hot upon a wet wicket this bowler's accurate off-breaks became a menace and compelled the batsmen to play with considerable caution. Ten minutes before lunch Blake was caught off Haig, having contributed 36, only to be followed a few minutes later by Williams, so that at the interval the score stood at 70 for 3.

When play was recommenced only Nicholson and Graham were able to score appreciably off the Bart's bowling and Guy's were dismissed for the modest total of 123.

Bart's soon lost their first wicket for only 9 runs, thus bringing Tomlinson, the opposing captain, to the wicket. It was not until after a long, subdued period of batting and the exit of Biddell that he really showed what an excellent batsman he is. Driving very powerfully he carried his score to 64 before being l.b.w. to Graham. The Guy's score was passed for the loss of 7 wickets, but the later Bart's batsmen, mainly Clappen and Ross, carried the total to 165. It is all the more credit to Bart's that Guy's bowled and fielded well throughout, but apparently not well enough.

With a deficit of 42, Guy's opened their second innings warily. Bart's soon put on their spin bowlers and it was not long before Clappen had Woodford stumped. The score then read 23 for 1. While Blake slowly compiled his 30, other batsmen rapidly came and fell to the guile of Clappen and Haigh, all that is except Graham. This player customarily so aggressive with the bat displayed great patience and skill in adding 32 to the belated total of 104.

Requiring only 62 to win, Bart's passed this total with 7 wickets in hand and so took the Cup to the City. Their victory was well deserved and largely due to the accurate bowling of Clappen (12 for 95) and Haigh (7 for 57), and to Tomlinson whose batting and captaincy were outstanding.

P.R.

CRICKET TOUR, 1948

South Devon was again chosen as the venue for the cricket tour this year, and Paignton the Headquarters from which we daily departed to do battle (weather permitting) in this beautiful part of England.

There were some misgivings at first, as to how the team, weakened by the inability of several stalwarts to make the trip, would line up to the reputation gained in this area by the brilliant performances of the 1947 Touring Side. May be the cricket did not quite reach their predecessor's high level, nevertheless everyone, without exception, acquitted himself nobly. The team returned undefeated, and Guy's cricket is still much respected in the West Country.

Results were played 4, won 2, with 2 matches drawn and 2 abandoned, due to the state of the grounds. These show that the weather was not at its kindest, but in comparison with reports from other parts of the country, we counted ourselves most fortunate to have completed four matches.

The outstanding performances came from the bowlers, especially the fast ones, O'Driscoll and Russell. They with their skipper, Nicholson, bore the brunt of the bowling, and by sheer accuracy, at a pace maintained for long spells, returned figures, excellent as they were, that hardly did them justice. Batting honours were more evenly distributed with the younger Nicholson being the most prolific scorer, and the only member to register an individual fifty.

GUY'S *v.* PAIGNTON C.C.

at Paignton. Match drawn.
Monday, August 9th, 1948.

Guy's 144 for 10 wickets. Paignton 117 for 3.

Guy's won the toss and elected to bat on a very soft, easy paced wicket. Nicholson (senr.) and Russell opened to give the side a steady start, but when appearing set Russell became impatient and was caught attempting a big hit. Nicholson soon followed, being unfortunately run out for a carefully compiled 14. The remainder of the batting was not of a high order, for almost without exception each batsman contributed to his own downfall by trying to hit out to a succession of slow bowlers (in fact nine of the Paignton team had a turn with the ball). Useful contributions by Prentice (24) and O'Driscoll (22) brought the total within the realms of respectability to 144.

Paignton were left the by no means impossible task of getting the runs in two hours, especially as their professional H. Dawson was in form, having totalled over 500 runs during the previous week. O'Driscoll and Russell opened the Guy's attack, and bowled most accurately. After 80 minutes, Dawson's opening partner was bowled by Smith, having contributed but 4 runs to the total of 51, and thereafter Paignton were never on terms with the clock. Dawson was forced to retire with a fine 63 to his credit, when he pulled a ball into his face, and stumps were drawn (not from Dawson) with the score 117 for 3. Russell, Nicholson and Smith shared the wickets, whilst O'Driscoll had 0 for 33 in 15 overs.

GUY'S *v.* SOUTH DEVON

at Newton Abbot. Match drawn.
Tuesday, 10th August.

South Devon 126 for 10 wickets. Guy's 94 for 9.

The score gives no indication to the honours won in this game. South Devon batted first on another "feather bed" wicket, and made no attempt to force the pace. The bowling was extremely accurate and the fielding keen, but that solely does not excuse the funereal rate of scoring. In all the Devonians were at the wicket for 175 minutes, getting their 126 runs. O'Driscoll again demonstrated his partiality for this ground and gave South Devon something further by which to remember him in returning 6 for 26 in 20 overs. Russell had 3 for 51 in 22 overs. Special mention should be made of the latter's captaincy. His field placing, when the opponents very belatedly made an effort for quick runs, was most effective.

Guy's made a good effort to score the runs, in the 80 minutes left for play, but never overcame the handicap of losing two quick wickets with but one run in the book. Jones, Nicholson (junr.), Meyer, and O'Driscoll all hit well for brief periods, but were out in going for the runs, so at the fall of the 9th wicket at 94 Scott and Hancock safely and stolidly played through the remaining few overs.

The bare score looks a moral victory for South Devon, but with a more equal distribution of batting time perhaps?—but then that is pure conjecture.

GUY'S *v.* SIDMOUTH C.C.

Wednesday, 11 August.

Match abandoned due to the state of the wicket.

The pleasure of playing on this picturesque ground (surely the nearest to the sea anywhere?) is, we hope, only deferred. On arrival the wicket showed pools of water, and a further heavy shower soon removed our faint hopes.

GUY'S *v.* UNITED SERVICES (PLYMOUTH)

Thursday, 12th August.

Match abandoned.

Fine weather made the disappointment of another cancelled game a very bitter pill for the cricket hungry Guy's team to swallow. It seemed that play would have commenced had there not been a county game on the ground the next day.

GUY'S *v.* DEVON DUMPLINGS

at Exeter County Ground. Won by 101 runs.
Friday, 13th August.

Guy's 181 for 10 wkts. Devon Dumplings 80 for 10.

This undoubtedly was the best performance of the tour. Nicholson (senr.) won the toss, and made

the Dumplings field in semi-artic conditions, taking Russell with him to open the innings. Between them they gave the side a sound start of 51, before Nicholson was bowled for 23. Williams was next in and showed glimpses of return to form. At 67 Russell, who had made a cultured 36, was out l.b.w. Runs came briskly and wickets fell freely after lunch, but thanks largely to Nicholson (junr.) hitting a bright 35 and some useful "tail wagging" the score reached the satisfactory total of 181, and meant that the home side had an uncomfortable half hour's batting before tea.

Russell quickly disposed of one of the opening pair with an unplayable away swinger, which brought Major Foster, R.A.M.C., a Guy's man, to the wicket. Both batsmen seemed completely at home until at 31, Carthew, the opening bat who incidentally had been invited to play for his county the following week, unnecessarily flashed at O'Driscoll outside the off stump and was well caught by Russell in the gully.—And so to tea.

Major Foster treated us to some delightful forcing batting, and when he left bowled by Nicholson for an excellent 40 (out of 65) it was the signal for O'Driscoll to be brought on at the other end. What the Irishman had for tea remains unsolved, but in 7.4 overs he took the remaining seven wickets for a personal cost of one run, and finished with a match analysis of 8 for 16. Our opponents reached 80 and one left the field feeling that henceforth Devon Dumplings will form an intrinsic part of Irish stew.

GUY'S *v.* R.N. BARRACKS (DEVONPORT)

at Devonport. Won by 63 runs.
Saturday, 14th August.

Guy's 169 for 10 wickets. R.N. Barracks 106 for 10.

Once again Nicholson won the toss and decided to bat. At one stage he must have wondered whether that was an altogether wise decision, although it did give his team a much appreciated four hours respite from fielding. 52 was reached for the loss of one wicket in good time, but at this total three more wickets fell to a leg-break bowler who was certainly turning the ball viciously at this stage. Fortunately Williams was batting really well and by nursing his partner J. Nicholson, managed to prevent further disaster before lunch.

The pitch slowly became easier as it dried after lunch, and despite more good bowling by this leg-break bowler, Williams stayed long enough whilst the bowling was at its most dangerous, for the later batsmen to reap the reward of his watchfulness. His 31 was worth far more to his side. Nicholson became now the senior partner, and by dint of some hard driving made with a typical golfing swing, and some sound defence reached a well-earned 50 before being bowled. Jones and Scott added usefully to the total that reached 169.

An attacking field greeted the Navy when it was their turn to bat, and the fielding despite following some "exacting" evenings, was at its keenest. Nicholson (senr.) and Russell bowled splendidly. The latter kept one end going for the entire innings without any appreciable loss in pace to obtain 5 wickets for 52 runs, whilst the Skipper had 4 for 33 in 16 overs.

The vanguard and majority of the happy party left for London after this game, with what can only be described as amazingly assorted array of impedimenta for a cricket team to carry.

Our thanks for the good time had by all are due to the captain, R. G. Nicholson, for his excellent administrative arrangements which ensured that we were a team in the widest sense of the word both on and off the field; to Dickens who undertook the wearisome job of scoring so efficiently and cheerfully; also to Mr. Hubert Cath, Hon. Sec. of the Paignton C.C., who was not only our Devon Liaison Officer but also our benefactor and host on many delightful evenings. It will forever remain a mystery how his watch remained stationery at 10.25 p.m. for over two hours, whilst we were bidding our farewells at the Paignton Club Pavilion on the final evening of our stay there. A fitting climax to a social and sporting success.

Team: R. G. Nicholson Capt.), P. S. Russell (Hon. Sec.), J. D. Williams, H. M. C. O'Driscoll, C. B. Vaughan, A. K. Hancock, G. W. Scott, H. Prentice, A. H. Whitaker, H. C. F. Meyer, A. F. Jones, T. Smith, J. G. Nicholson, J. J. Dickens

A.H.W.

TENNIS CLUB

INTER-HOSPITALS TENNIS CUP FINAL

GUY'S *v.* ST. BARTHOLOMEW'S

Result: Guy's won by 8 matches to 5.

One match drawn. One unplayed.

On Saturday, September 4th, at Honor Oak Park, Guy's beat Bart's in the Final of the Tennis Cup tournament.

Saturday dawned an extremely doubtful day and the start of the match was delayed by torrential rain which almost suggested that we should never play tennis again.

Eventually, however, the skies cleared and, after agreeing to use the hard court, we were able to begin the Singles matches at about one o'clock. These resulted in a lead of 4—2 for Guy's.

K. M. Hume beat G. Giri	3—6, 6—1, 6—2
I. Kelsey-Fry beat J. S. Cardwell	6—3, 2—6, 6—4
E. G. Searle lost to R. Risely-Prichard	6—3, 3—6, 4—6
C. H. Opie beat M. Husainee	6—0, 6—2
L. Mackey beat B. H. Du Heaume	6—2, 6—0
J. Annen lost to P. Gai	1—6, 2—6

By the time we were ready to commence the Doubles the sun had decided to shine and taking encouragement, Guy's went ahead to increase their lead and secure the eight wins necessary to give us the match.

K. M. Hume and E. G. Searle beat R. Risely-Pritchard and M. Husainee	5—7, 6—1, 6—0
K. M. Hume and E.G. Searle beat B. H. Du Heaume and P. Gai	6—2, 8—6
K. M. Hume and E. G. Searle drew with J. Cardwell and G. Giri	7—5, 6—6
I. Kelsey-Fry and C. H. Opie beat R. Risely-Pritchard and M. Husainee	6—0, 6—3
I. Kelsey-Fry and C. H. Opie beat B. H. Du Heaume and P. Gai	6—2, 6—0
P. Chalk and J. Annen lost to J. Cardwell and G. Giri	4—6, 4—6
P. Chalk and J. Annen lost to R. Risely-Pritchard and M. Husainee	5—7, 7—5, 4—6
P. Chalk and J. Annen lost to B. H. Du Heaume and P. Gai	1—6, 6—4, 6—8

The match provided a very pleasant, though exceedingly strenuous, afternoon's entertainment, and we express our thanks to a small group of supporters who came along to spur us on to victory.

It is good to know that the Cup has once again returned to Guy's—a fitting end to a successful season.

E. G. SEARLE,
Hon. Sec.

GUY'S HOSPITAL CLUBS' UNION

"COLOURS"

Some time ago attention was drawn to the fact that the badges worn by members of the Clubs' Union and others upon the pockets of their blazers did not conform to recognised heraldic prescriptions. This subject was therefore discussed at the last meeting of the Clubs' Union Council and, at the same time, consideration was given to the question of authorised "colours." The following resolutions were finally minuted :—

(i) That note be taken of the Heraldic achievement of the Hospital, consisting of a Motto—Dare Quam Accipere; A Shield—sable on a chevron or between three leopards heads argent, each crowned with an eastern crown of the second as many fleurs de lis azure; a Helmet—esquires type; a Crest—worn on top of the helmet, and representing a woman sitting clothed in blue surrounded by three children, a wreath of gold and black under the crest; Supports—angels who stand on either side of the shield and support it.

(ii) The "full-Blues" be entitled to wear on the left top pocket of the blazer, which should either be navy blue with orange stripes running vertically, or of plain navy blue, the shield, motto and crest as described above, together with the initial letters of the club and the year of award in gold.

(iii) That "half-Blues" be entitled to wear on the top left pocket of the blazer, the shield alone together with the initial letters of the club and the year of award.

(iv) That all other members of the Clubs' Union be entitled to wear on the top left pocket of the blazer the shield alone.

(v) That although the Clubs' Union Council has no jurisdiction over badges worn by nurses or other members of the Hospital staff, it be recommended that they adopt a double curve-topped shield without any further embellishments.

(vi) That prototype badges be purchased and retained by the Clubs' Union Council as standards in accordance with which further badges shall be executed.

(vii) That besides the existing designs of ties, which include one of a gold stripe on a blue ground for any member of the Hospital, there should be a tie available for bona fide members of the Clubs' Union only and that the design of this shall be of plain blue bearing miniature shields in accordance with the heraldic definition.

(viii) That all members of the Clubs' Union be entitled to wear on their blazers gold buttons of brass bearing the design of the shield alone.

(ix) That it be recommended that the heraldic device on the notepaper be of the whole achievement.

(x) That subject to their agreement, Messrs. Matthew Arnold (Proberts), Borough High Street, London Bridge, S.E.1, and Messrs Ede & Ravenscroft, Ltd., 93–94, Chancery Lane, W.C.1, be appointed official outfitters to the Clubs' Union.

Arrangements are being made with the nominated suppliers for the various goods to be available in accordance with these decisions. Standing patterns and designs will be kept in the Medical School Office. Members of the Clubs' Union experiencing any particular difficulty are invited to communicate with the Honorary Secretary.

So as to regulate the sale of "full-Blue" and "half-Blue" ties the suppliers are being asked to release them only against printed orders which may be obtained from the Honorary Secretary of the "Blues" Committee.

G. D. CHANNELL,
Honorary Secretary.

Hospital Information, etc.

NOTICES

GUY'S HOSPITAL, S.E.1.

Applications are invited for the appointment of Registrar (part-time) in the Cardiac Department. The appointment is for two years in the first instance from as soon as possible, with attendance on four sessions per week, at a salary of £325 per annum. Forms of application are obtainable from the Dean, Guy's Hospital Medical School, to whom applications with the names of three referees should be forwarded not later than 6th October.

GUY'S HOSPITAL DENTAL SCHOOL.

Applications are invited for the following appointments, to commence on 1st November, 1948:—

(1) Half-time Assistant to the Director of the Conservation Room.

(2) Half-time Assistant in the Department of Preventive Dentistry.

Salary for both appointments at the rate of £550 £50 to £750 per annum, plus superannuation and family allowances. Forms of application are obtainable from the Dean, Guy's Hospital Dental School, London, S.E.1, to whom applications with the names of three referees should be sent not later than Saturday, 9th October, 1948. Appointment will be for one year in the first instance.

GUY'S HOSPITAL DENTAL SOCIETY.

The 43rd Annual Dinner of the Dental Society will be held at the Park Lane Hotel, Piccadilly, W.1, on Saturday, 5th March, 1949. As in past years a Clinical Meeting will be held in the Dental Department on the same day.

Further particulars will be given later.

DENTAL HOUSE SURGEON IN THE DEPARTMENT OF PREVENTIVE DENTISTRY.

Applications are invited for the post of Dental House Surgeon in the Department of Preventive Dentistry for the period October 1st, 1948, to January 15th, 1949. Application should be lodged with the Superintendent as soon as possible.

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1.

Applications are invited for the appointment of Assistant to the Director of the Department of Medicine, as from a date to be arranged. Appointment for two years in the first instance. Salary £750–£1,000 per annum, with superannuation and family allowance. Applicants should hold the M.D. or M.R.C.P. Copies of Standing Orders for the appointment are obtainable from the Dean, to whom 10 copies of application, with the names of 3 referees, should be forwarded not later than 6th October.

PASS LIST

SOCIETY OF APOTHECARIES OF LONDON.
FINAL EXAMINATION.
August, 1948.

Surgery: D. F. Potter.

Pathology Bacteriology and Forensic Medicine: J. R. Deacon, A. Goldstein, E. Killey, F. W. Retief, *H. H. B. Perkins.

Medicine: *M. Caller, J. R. Deacon, *H. H. B Perkins.

Midwifery: M. G. Kaye.

* Have completed the examination.

UNIVERSITY OF CAMBRIDGE.

Norman B. Finter, M.B., B.Chir., has been appointed University Demonstrator in Pathology for three years from October 1st, 1948.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Faculty of Dental Surgery.

The following have been elected Fellows in Dental Surgery :—

W. L. Boness
F. Bocquet Bull
A. Bulleid
J. D. Cambrook
Surg.-Cmdr. (D.) R. L. Cautley
A. G. Exner
C. B. de V. Green
P. Paige Green
J. W. Hallam
J. Warren Harvey
K. Hooper
G. S. Loader
A. C. McLeod
H. L. Messenger
G. J. Parfitt
R. E. Rix
Sqdr.-Ldr. K. G. Sharvill
P. Rae Shepherd
C. W. T. Shuttleworth
S. W. Southwood
C. G. Spiridion
F. A. Walker
Co. S. H. Woods

APPOINTMENTS

Reynolds, Russell John, C.B.E., F.R.C.P., elected Honorary Fellow, American College of Radiology, 1948.

John H. Wildman, M.R.C.S., L.R.C.P., D.Ph., has been appointed Medical Officer of Health to the East Herts Combined Sanitary District from 1st October, 1948.

CHANGE OF ADDRESS

N. R. Fenton, M.R.C.S., L.R.C.P., "Windywaye," Fairfield Road, Uxbridge, Middlesex. (Tel.: Uxbridge 1739.)

H. A. Buck, M.R.C.S., L.R.C.P., D.A., B.D.S., Derbyshire Royal Infirmary, Derby.

J. A. Bowen-Jones, M.B., B.S., 21, Winchester Road, Basingstoke, Hants.

B. W. Pett, B.D.S., 10, The Drive, Hove, Sussex (Tel.: Hove 1689), and 12, Gloucester Place, Portman Square, W.1. (Tel.: Wel 4904.)

L. P. J. Wright, M.B., B.S., "Drumkeeran," 333, Ewell Road, Surbiton, Surrey. (Tel.: Elm 1779.)

K. O. Rawlings, M.D., M.R.C.P., Shoreham House, Shoreham, Kent. (Tel.: Otford 499.)

PAPERS BY GUY'S MEN

Atkins, Hedley. Radical Mastectomy. *Brit. J. Surg.*, 1948, **36**, 87.

Baker, C. Congenital Heart Disease. *Public Health*, 1948, **61**, 225.

Barber, H. W., and Everall, J. D. Purpura with Baker, C. G. The treatment of Bleeding Peptic Ulcer. *Clin. J.*, 1948, **77**, 170.

Bishop, P. M. F. Current Therapeutics 14. Æstrogens. *Practitioner*, 1948, **161**, 153.

Capillary Fragility. *Proc. Roy. Soc. Med.*, 1947, **41**, 529.

Bradley, W. H. Smallpox. *Proc. Roy. Soc. Med.*, 1947, **41**, 497.

Brock, R. C. Studies in Lung Abscess : V. The ætiology of Lung Abscess. *Guy's Hosp. Rep.*, 1947, **96**, 141.

Brock, R. C. Astley Cooper on Hernia. *Guy's Hosp. Rep.*, 1947, **96**, 214.

Bucknall, C., and Drew, A. J. A case of Hyperparathyroidism with Renal Symptoms and no Bony Changes. *Guy's Hosp. Rep.*, 1947, **96**, 244.

Campbell, J. M. H. Some rarer causes of attacks of unconsciousness. *Clin. J.*, 1948, **77**, 161.

Clarkson, Patrick, and Herbert, W. E. Operative Correction of Congenital Open Bite. *Brit. Dent. J.*, 1948, **85**, 77.

Cohen, S. M. Accidental Intra-arterial injection of drugs. *Lancet*, 1948, ii, 361, 407.

Colbeck, J. C. Food Poisoning. *Public Health*, 1948, **61**, 225.

Cole, P. P. Recurrent Epithelioma of Lip. *Brit. J. Surg.*, 1948, **36**, 79.

Denton, P. H., and Another. Torula Histolytica of Central Nervous System. *Brit. Med. J.*, 1948, i, 1082.

Douthwaite, A. H. The problem of Rheumatism. *Practitioner*, 1948, **161**, 153.

Douthwaite, A. H. Medical treatment of Duodenal Ulcer. *Nursing Mirror*, 1948, **87**, 373.

Fox, Wallace. The absorption of Pneumoperitoneum : A Study of 33 Cases. *Thorax*, 1948, **3**, 141.

Evans, P. R. C. Heart Disease and Pregnancy. *Guy's Hosp. Rep.*, 1947, **96**, 194.

Hallpike, C. S., and Others. Observations upon the Loudness Recruitment Phenomenon with Especial Reference to the Differential Diagnosis of Disorders of the Internal Ear and VIII Nerve. *Proc. Roy. Soc. Med.*, 1948, **41**, 56.

Horton, R. E. Chronic Relapsing Pancreatitis. *Guy's Hosp. Rep.*, 1947, **96**, 226.

Hunt, J. N. The Influence of the Osmotic Pressure of Ingested solutions on the Absorption of Sulphaguanidine from the Stomach of Man. *Guy's Hosp. Rep.*, 1947, **96**, 248.

James, D. A. Malignant disease observation and suggested line of experiment. *Med. World*, 1948, **69**, 71.

Lunn, H. F. Inguinal Hernia and the Guy's Tradition. *Guy's Hosp. Rep.*, 1947, **96**, 208.

Mann, W. N. Dysphagia Lusona : Right-sided Aortic Arch. *Guy's Hosp. Rep.*, 1947, **96**, 186.

Matthews, E. Capacity and opportunity. *Brit. Dent. J.*, 1948, **85**, 93.

Ogden, J. Kenworthy. Retro-Peritoneal Hæmorrhage in Pregnancy. *Brit. Med. J.*, 1948, i, 389.

Oliver, Leslie C., and Another. A new one-stage method of cranioplasty with Acrylic Plastic. *Med. Pr.*, 1948, **220**, 167.

Osman, A. A. Modern Treatment of Pyelitis. *Med. Pr.*, 1948, **220**, 124.

Popper, Frank. The full lower denture. *South African Dent. J.*, 1948, **22**, 266.

Roberts, F. T. M. Extrapleural Pneumothorax : A Review of 128 Cases. *Thorax*, 1948, **3**, 166.

Rushton, M. A. A Dental Abnormality of Size and Rate. *Proc. Roy. Soc. Med.*, 1948, **41**, 490.

Stevenson, Harwood. A case of *Staphylococcus Aureus* Septicæmia with multiple Hæmatogenous Pneumonic Areas, Spontaneous Pneumothorax, Pyæmic Abscess in Medulla Recovery under Penicillin Therapy. *Guy's Hop. Rep.*, 1947, **96**, 237.

Vertue, H. St. H. On the Formation of Substantives from Greek in the Medical Vocabulary. *Guy's Hosp. Rep.*, 1947, **96**, 169.

Witts, L. J. The problems of clinical research. *Brit. Med. J.*, 1948, ii, 455.

Witts, L. J., and Others. Experimental Macrocytic Anæmia in the Rat. *Lancet*, 1948, ii, 404.

Worster-Drought, C. Sturge–Kalischer–Weber Syndrome. *Brit. Med. J.*, 1948, ii, 414.

BIRTHS

HIND.—On August 23rd, 1948, at Nuffield House, Guy's Hospital, to Margaret (née Fearnehough), wife of A. W. Hind, M.B., B.S.—a daughter (Jane Fearnehough).

BARKWORTH.—On September 13th, at Nuffield House, to Beryl (née Wright, S.R.N.), wife of F. Basil S. Barkworth—a second son.

PUNT.—On September 14th, at Queen Charlotte's Hospital, to Gwendoline (née Moore), wife of N. A. Punt—a son (Jonathan Arthur Gilbert).

MARRIAGES

APTED—ROBINSON.—On August 26th, at Hill Station Church, Freetown, Sierra Leone, Ian Apted, M.B., B.S., D.T.M. & H., to Kathleen Robinson, Q.E.C.N.S.

Eds. {H.A.R. R.A.K-E.

GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

PUBLISHED FORTNIGHTLY

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PASSIM

IN this edition of *The Gazette* we hail the new academic year, and we greet the new entry of students. Welcome! May your stay be long, and may it be happy, may it be profitable to you and may you ever be mindful of your good fortune. The Hospital which you enter has a reputation for training and healing, which is second to none, and if you take hold of your many opportunities with both hands your time in the coming years will be better spent than any in your life, and in the long and perhaps trying days after, you will look back on your time at Guy's with the utmost pleasure, with no little pride, with gratification and with gratitude. Your success in life will depend to a very great extent on your success here. Your success here will depend almost entirely on the vigour with which you apply yourself to the task of becoming a doctor. Bear in mind always two things, the first, that Guy's has always preferred and still continues to prefer the man of enthusiasm to the man of brilliance, and the second that Guy's aims to supply doctors with skill at the bedside rather than doctors with knowledge of the book.

To those of you who have a year or more of preclinical studies ahead it may seem difficult to reconcile this latter with the apparent sterility of your studies. But believe this, that no man who has mastered the preclinical sciences has ever regarded his labours as anything but well spent, and the majority of men have passed through their clinical days with the utmost regret that they missed the opportunities afforded to them of knowing anatomy and physiology, opportunities which if taken, would have given them the only possible firm foundation to their clinical understanding. The chance of, not learning, so much as understanding these basic subjects will come to you but once, and you are fortunate in the extreme that at the Medical School which you have chosen, it will be taught to you with an eye constantly on your future. Fact will be subordinated to thought, position to function, and when on occasion you may consider hours of work to be ill and unprofitably spent, think again. It will be an error in your outlook more likely than a lack of perspective in your tutors.

To those who are about to enter the wards, there is no necessity to say how great and how full will be the days ahead. Perhaps for the first time in your lives, many of you will come in touch with unsheltered humanity, with its happiness and its sadness, with its successes and its failures, with brave men and with cowards, with kindness and with brutality, with the hard-done-by and with the hard-hearted, with faith and the lack of it, with the will to live and the will to die. What an environment in which to grow to maturity, what an opportunity for understanding! In the wards your soul will grow along with your brain, so let it be in the wards that you live, and learn your medicine from the sick, and not in the libraries that you spend your hours buried in books. You will have years and years to come in which you can read all the books ever written. You have but a few fleeting days ahead, or so it will seem, in which under supervision, to make contact with man, his moods and his maladies. Don't waste those days, because not they or any like them will come your way again.

You will have but little opportunity of repaying to humanity what humanity has to give you in your days in the wards. You will be treated and respected as a doctor, when you are no such thing. It is upon this patient-student relationship that the success of your endeavours with the sick will to a great extent depend. If you dress and talk and behave like a doctor, you will be treated as such, and to the patients' dearest confidence, without which you are no more than a scribe. If you are careless and casual in any of these you will not only and for certain lose the respect which the patients have to offer, but your colleagues will be treated as of the same ilk. Don't grudge it that you are expected to convey the patients to the theatre. It is your privilege to be with them when they have no other friend to hold their hand. If they profit one-tenth as much from the association of that time as you can, you will be doing well.

Another privilege which is yours, is to write up the case report of every patient to whom you are clerk or dresser. For the first and last time in your life in peace and quiet and unhurried, you will have the opportunity of taking and writing a full report on the history and physical findings. On how thoroughly you collect that evidence will depend how much you learn. On how conscientiously you record it will depend how much that patient's misfortune can contribute to posterity. That contribution will be made, if it is to be made, exclusively through your pen, for no permanent and full record, other than your own, is ever made of your patient. Even at this stage in your career, then you may contribute to that mass of recorded observation which must necessarily be made before medical knowledge advances by so much as one hair's breadth. What has been said of becoming a doctor may be advised also to those commencing dental studies.

Gentlemen, you have great and fleeting days ahead. Let them be full. You are undertaking a study which will equip you to be a servant of the state. See to it that you equip yourselves not only to be worthy of your hire, but worthy of the Guy's traditions with which, if you make use of your time, you will have ample chance of becoming imbued.

THERE are in the Hospital a Student Health Service (which you will encounter in your first year and at regular intervals thereafter. All examinations are made by appointment, lists of which are posted on the notice board at the entrance to the Medical School, in the Dental School and in the College); a Clubs' Union (which caters for your hours of relaxation, and to the activities of which it is to be hoped you will contribute. The notice board is in the colonnade); a Students' Union (which organises additional social activities, an excellent second-hand book mart, and your complaints); and a Medical School Office (whose good officers will care for your welfare from the moment of your admission to long after you leave, with unbelievable courtesy and consideration, and unstinted kindness). Finally, this, the *Guy's Hospital Gazette*, is YOUR journal.

MICHAEL MASON, a clinical medical student of this Hospital, a member of the Boxing Team, has been awarded the Royal Humane Society's Bronze Medal for bravery. In July last he rescued two holiday makers who were trapped on a three hundred foot cliff, at Torquay. We would like to express our profound admiration and offer our congratulations.

Guy's Diary

OCTOBER

ACADEMIC

Exhibition. "Gastric and Duodenal Ulcer." Surgical Dept.
Exhibition. "Pathology of Primary Tuberculosis." Gordon Museum.

11th. 1.00. Mr. Frank Cook. Clinical Lecture. "Abortion."
3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.
4.45. Dr. D. O'Neill. Postgraduate Lecture in Pædiatrics. "Juvenile Delinquency." Preclinical Classroom.

13th. 2.00. Dr. Marston. Postgraduate Revision Lecture in Anæsthesia. Clinical Theatre. Surgical Block.

14th. 1.00. Sir Heneage Ogilvie. Clinical Lecture.
4.30. X-Ray Meeting. Gordon Museum.
5.00. Dr. P. R. Evans. Film. "The New Baby and Feeding Problems: (*a*) Know Your Baby; (*b*) Why Won't Tommy Eat?" New Theatre. Medical School.

18th. 1.00. Dr. Harris. Clinical Lecture.
3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.
4.45. Mr. E. Gwynne Evans. Postgraduate Lecture in Pædiatrics. "Breath of Life." Preclinical Classroom.

19th. 12.00. Sir Charles Symonds. Neurological Demonstration. Preclinical Classroom.

21st. 1.00. Mr. Atkins. Clinical Lecture.
4.30. X-Ray Meeting. Gordon Museum.
5.00. Dr. T. A. M. Monro. Film. "Psychological Mechanisms: (*a*) Feeling of Rejection; (*b*) Feeling of Hostility." New Theatre. Medical School.

22nd. 1.00. Dr. Campbell. Clinical Lecture.
2.15. Clinico—Pathological Conference. Pathology Lecture Theatre. Dr. Baker. "Myelomatosis, right lobar pneumonia." Dr. Mann. "Myxoma of the left auricle." Dr. Mann. "Acute Leukæmia."

23rd. 10.00. Surgical Department. Clinico-pathological Meeting. Anatomy Theatre.

25th. 1.00. Mr. Carter Braine. Clinical Lecture.
3.30. Dr. Barber and Dr. Forman. De monstration of Skin Diseases. Preclinical Classroom.
4.45. Dr. P. R. Evans. Postgraduate Lecture in Pædiatrics. "Diaphragmatic Hernia." Preclinical Classroom.

OTHER ENGAGEMENTS

16th. Rugby XV. *v.* Bedford. (Away).
Hockey 1st XI. *v.* Y.M.C.A. (Away).

18th. 1.15. St. Luke's Day Service for Doctors and Nurses. Southwark Cathedral.

21st. 4.30. Christian Union Tea. J. Scorer, F.R.C.S., "The Christian in the Hospital" Anatomy Theatre.

23rd. Rugby XV. *v.* Plymouth Albion. (H.O.P.).
Hockey 1st XI. *v.* Barclays Bank, Ltd. (H.O.P.).

24th. 10.45. Harvest Thanksgiving Service, Hospital Chapel.

THE HEART KINGS

THE HEART KINGS

Psychodynamics

A Clinical Lecture delivered at Guy's Hospital, 20th September, 1948,

by Dr. JOHN C. WHITEHORN, Professor of Psychiatry at Johns Hopkins University.

THE topic of " psychodynamics " has been chosen for discussion to-day because of its importance in the revision of medical education. Psychological medicine, as a useful part of the doctor's professional preparation, has not been very well taught in the past. It was the war experience, more than anything else, which revealed the inadequacy of most physicians to deal with personality disorders, and it was the war experience which brought home to many doctors what a high proportion of disability depended upon psychological factors. It was already known in civilian medicine, *but not very widely known*, that about one-quarter or one-third of the calls for medical attention were for purely neurotic conditions, and that, in another third, neurotic attitudes were the limiting factors in poor health. Such reports were largely ignored until the war. In the armed forces, psychiatric conditions were found to be a major part of the medical problem both in training and combat areas. Morbid personality reactions accounted for more than 40 per cent. of the discharge for disability. Considering only combat casualties, one soldier was disabled psychiatrically for each five men who were wounded. But the problem was larger, and more complex, for among the sick and wounded, morbid personaility reactions were often the crucial reasons for continuing disability or ineffectiveness.

It has therefore become increasingly clear to more and more persons that a proper preparation for the practice of medicine must include a more adequate knowledge of personality functions and at least some rudimentary skills in dealing with personalities—something much more significant than a pleasing bed-side manner. Psychiatry is therefore to have a larger, and somewhat different role than before in the medical school. It must be taught as a basic medical science, along with anatomy, biochemistry, physiology and the like. Psychiatry is not to supplant any of the other basic sciences such as physiology; rather it should supplement or complete physiology, bringing into consideration the functioning of the organism as a whole, especially those functions which are most significant for personal and social adjustment.

How do things shape up for the successful teaching of psychiatry as a basic medical science? On the one hand physiology and clinical medicine have shown certain lines of growth favourable to this development. A growing knowledge of the functional interrelationship of the organ-systems of the body provides the basic framework for one's grasp of internal medicine. Continuing this line of thought one could say that we are now adding just another chapter of physiology, dealing with the personality functions. Such a statement, while true, is deceptively simple. The practically useful ways of approaching the study of personality functions are very different in methodology from the rest of physiology. Personal goals and ambitions, interpersonal attitudes and sentiments are the fundamentally important matters in studying personality functions.

One must also raise the question, " How is psychiatry prepared to fulfil its role as a basic medical science." First of all we must clear the way by stating that this role cannot be satisfactorily fulfilled by a mere increase in the teaching hours devoted to specialistic psychiatric diagnosis important as that is. As I see it, the preparedness of psychiatry to fulfil this new role in medical education, as a basic science of human nature, depends essentially upon the validity and usefulness of that part of psychiatry which we may call " Psychodynamics." The term in its most general meaning should perhaps include the whole body of knowledge about biological and social forces which in psychological ways influence personal behaviour, but the term is usually used in a more restricted sense with a special focus upon certain intermediary psychological processes such as interpersonal attitudes, personal ambitions and frustrations, repressed desires and emotional conflicts. In its application, psychiatrists have not included much attention to propaganda techniques, but have focussed more sharply on individual psychotherapeutic applications for influencing human beings toward healthier patterns of adjustment. In undertaking to-day to discuss Psychodynamics it has not been my intention to cover the field in a comprehensive way but to set the matter in a comprehensible perspective, and scrutinize a few aspects more closely.

For the sake of perspective, let us consider, even though it must be in haste, the development of psychodynamics within the specialty of psychiatry. For this purpose

psychiatric study may be characterized at three levels, (1) descriptive, (2) epithetic, and (3) thematic.

All medical men have some acquaintance with descriptive psychiatry which means the detailed scrutiny of individual patients for the detection of pathological items of behaviour and the orderly grouping of the pathological pictures so disclosed into syndromes or disease entities. This level of psychiatric study was epitomized in the life work of Emil Kraepelin especially in his descriptions of manic-depressive psychosis and dementia praecox.

It was generally assumed that the tasks of description and classification would be the preparation for discovering the organic or toxic etiologies of the entities described. The paradigm, or pattern of thought and expectation, was provided by general paresis, which is organically a meningoencephalitis, caused by the spirochete of syphilis. There has been considerable advance in the knowledge of general paresis, in the certainty of its diagnosis and in the methods of treatment. The greater certainty of diagnosis of syphilitic meningoencephalitis has however brought with it knowledge which compels a considerable revision of the expectation that there would be found a specific organic etiology for each describable pattern of pathological behaviour. The clinical picture formerly thought to be typical and characteristic of general paresis—the expansive, grandiose picture—is actually manifested by fewer than half the cases. Depressive or neurasthenic reactions actually outnumber the grandiose. We now know that practically any one of the known pathological reaction patterns can be found in patients with syphilitic meningoencephalitis. These differences in the pattern of pathological personal reaction to the same organic etiology have been attributed to differences in *personality*.

As in this example, so also in many others, psychiatry has been busy with the task of distinguishing different types of personality. Jung's distinction between extrovert and introvert has been very widely studied. Morphological correlates of personality differences have been sought, with many errors and with some successes. The physical stigmata of degeneracy was one of the false leads ; the pyknic-asthenic contrast in body build has been found to be a moderately useful index to differences in personality.

In clinical psychiatric practice to-day, the clinician customarily carries about with him a certain stock of adjectives—terms such as introvert, extrovert, schizoid, syntonic, seclusive, obsessive, paranoid, and many others, by which one can characterize personaliy, still within the bounds of normal diversity, but predisposing to the development of fairly specific pathological reaction patterns if something happens to precipitate a psychosis or a neurosis. This represents a level of psychiatric study one step higher than the mere descriptive pathological characterization of the clinical picture. It is this level of interest in personality which I have called *epithetic*. Now an epithet implies disapproval, and I use the term intentionally, because it has seemed to me that these characterizations of personality have very commonly been made in a spirit of some hostility or disparagement, as exemplified in the pseudo-scientific epithet, " psychopathic personality, S.O.B. type."

Let me hasten now to consider the next higher level of psychiatric study—the thematic level, at which one is concerned with the themes or issues with which patients are struggling. At the thematic level of study one seeks to penetrate beyond the merely descriptive formulation of the pathological pattern of reaction, even beyond the epithetical characterization of the patient's personality, and arrive at an appreciative personal understanding of the patient's reaction, as a form of human behaviour pertinent to certain themes. Guilt or blame is one of the prominent themes fairly thrust in one's face ; frustration and resentment about particular issues are less obvious but may sometimes be readily perceived. In a figurative way, it sometimes appears as if the patient had turned aside from the main struggle of life in an intensive pre-occupation over a disturbing side issue, internalizing some conflict with others in the environment and struggling introspectively with this internalized issue or externalizing some inward moral struggle and projecting it on to others. At this thematic level of psychiatric study, one must somehow come to grips with *motive* and *attitudes* in their personal meanings for individuals, and it is this necessity which has stimulated the development of psychodynamics. With the growth of psychodynamics at the thematic level of psychiatry the narrowing course of specialist psychiatry has broadened. Psychodynamic concepts and methods of study have wide applicability in general medicine, in dealing with patients as persons, and in dealing with personal problems as factors in disability and distress.

I have wished to make it clear, by these remarks, that there need be no antagonism between those interested in psychodynamics and those interested in descriptive psychiatry, in organic determinants of psychiatric illness or in hereditary pre-disposing factors. So long as a patient remains alive and struggling towards some goal, psychodynamic considerations have some pertinence. The clinical psychiatrist has to take all these aspects into consideration. Their relative importance varies with the case.

In the development of psychodynamics, sex has received a lot of attention. Sigmund Freud, in his studies of hysterical reactions by the methods of hypnosis and of free-association, disclosed many evidences that repressed sexual impulses play an active, dynamic role in motivating behaviour in ways previously unsuspected. In one or another case he found sexual feelings and desires associated (at the unconscious levels of mentation) with almost every possible form of sensuous pleasure or excitement. He found evidence of sexual disturbances, in this widened meaning, in every neurotic patient. He was led thereby to formulate an extraordinarily simple schema of motivational dynamics, on the assumption that sexual interest was the principal, if not the sole motivating force. Certain elementary psychodynamic mechanisms such as repression, displacement, projection and rationalization were initially worked out in terms of this libido theory. There was considerable resistance to these earlier psychodynamic formulations, in part because the exclusive emphasis upon sex seemed a ludicrous over-simplification of human nature, partly because there was a widespread attitude that sex was a pretty nasty business, and that the libidinal theory gave a degrading view of humanity. In the historical perspective of half a century it has become evident to nearly all, however, that Freud's observations and theories contributed a powerful impetus to the study of unconscious motivation, which has been fundamental to the development of psychodynamics.

Freud had a talent, also, for borrowing from the general cultural heritage forms of expression for the dramatic presentation of his dynamic concepts. The theme of incestuous wishes was presented as the "Oedipus complex." In the deep psychoanalysis of very many patients, something approximating the Oedipus complex came to light. It became so commonplace a finding that most psychoanalysts came to assume that the Oedipus complex is a childhood phase in the development of everyone. During the early period, when the emphasis was on the bluntly incestuous aspect of the Oedipus complex, many non-analytical psychiatrists remained sceptical of its generality. As the aggressive component in human nature got more and more attention in the study of psychodynamics, the "Oedipus complex" became a more generally acceptable concept. It is a convenient term for designating an early phase of personality development in which the child feels and expresses resentment and hostility against one of the parents. Since the bringing-up of children inevitably involves many frustrations, children have occasions for developing resentments and aggressive impulses against the frustrating parent. Aggression against a parent was one of the outstanding features of the original Oedipus Rex story. Freud's choice of the Oedipus story for epitomizing incestuous wishes, has served therefore as a kind of conceptional bridge between his early libido theory of psychodynamics, and the later recognition of aggression and other motivational dynamics. It is a fortunate choice of metaphor indeed, which provides the means for its own constructive modification.

These references to the Oedipus complex point up to the fact that efforts to formulate scientific hypotheses about psychodynamics turn out to have close parallels with concepts familiar in humanistic arts and letters. I presume that in the world's great storehouses of art and literature most of the themes of human aspiration and striving are represented. Much of the knowledge of human nature which has been artistically formulated exists as proverbs or aphorisms or myths like Oedipus Rex which catch one facet of human nature and high light it. Another proverb or myth may high light another facet of human nature, almost the exact reverse. Wisdom lies not in the proverb but in the good sense by which one can judge which proverb applies to a particular situation.

In the attempt to develop a scientific schematization of human nature which would be solid and dependable—not so shifting as proverbs or myths—the Psychoanalysts have fixed upon the concept of instinct. This was doubtless one of the considerations which recommended sex as a foundation stone for theoretical psychodynamics. Sex behaviour was seen to have an obvious biological necessity and seemed to lend itself fairly well to formulation as an instinct. It is of some historical importance also that Freud's formative years were in the post-Darwinian period, when the biological aspect of human nature was receiving intense attention. The concept of instinct provided a biological link between mankind and other animal species. Later, McDougall attempted

to outline a psychodynamic scheme of human motivation and behaviour in terms of some fourteen instincts and their modifications, as the conceptual foundation for the social psychology of man. Social anthropologists demolished the foundations of McDougall's system by overwhelming evidence that the actual human behaviour patterns are determined by culture rather than by instinct, yet the basic biological orientation towards psychology given by Darwin, Freud and McDougall has helped to avoid many scholastic quibbles. From the biological or functional view the word "mind" appears, primarily, as a verb, rather than a noun. "Mind" denotes certain functional activities of an organism rather than a metaphysical entity. These functional activities are aimed toward the fulfilment of needs, and have therefore meaning or purpose, although the awareness of the need may be very dim. It has been of primary importance, in the development of psychodynamics, to recognize that human life is characterized by this orientation toward the future. It is impractical for one human being to try to understand another human being in complete disregard of the purposes or aims toward which one's efforts are directed. It would also be impractical to assume that every person is fully aware of the goals towards which he exerts himself and could give an adequate account of his motivation. Much remains unconscious, and becomes manifest if at all only by implication. The psychoanalytic method of studying the unconscious through the free association technique has contributed a great deal toward a broader understanding of motivation in general. Personal experience with psychoanalysis may also contribute toward the development of a given individual's skill in discerning the motivational patterns in a patient's life. It is by no means necessary, however, for every medical man to have psychoanalytical training in order to do a decent job of sizing up the attitudes and emotional problems of his patients. Commonsense and a certain practical knowledge of life can take the experienced physician a long way in the task of comprehending patients' personal problems, once the physician has gained an appreciation of the medical importance of motivation and the emotional problems involved in motivational conflicts. Even the medical student, although his direct experience of life may be somewhat limited, can bring a good deal of practical sense to the task of evaluating a patient's emotional adjustment and his patterns of motivation, once he is oriented to think seriously and professionally about the matter. Furthermore, when the student has reached the stage of clinical work, the rich case material in the hospital wards and out-patient services provides him wonderful opportunities for studying the adaptive and maladaptive behaviour and attitudes of many kinds of men and women.

Students usually feel somewhat awkward and insecure in making use of these opportunities to study personality. All too often they fall into the easy routine of formal history taking and formal physical examination, and get very pre-occupied in the business of tests and special examinations. There is such an infinity of tests in these days that the student could easily devote all his time to the apparatus and technique of medicine, and forget that the patient is a person. From my acquaintance with medical students I would say, however, that many of them have genuine interest in patients as persons, and have a good deal of intuitive appreciation of psychodynamics. In submitting to the technological pressures on their time, they submit with regret. Some even persevere in their interest in persons, and some of these seek guidance from experts in psychological medicine to help them reach a better understanding of the patients. Here is a point at which we psychiatrists have often misled them, or failed to meet the situation properly, because we have had a tendency to put the student off with a printed outline or a mimeographed form brought over from the psychiatric department, and these forms or outlines have usually been devised for more specialised psychiatric purposes. The student is certainly entitled to complain if he asks us for assistance in understanding people, to help them in their emotional adjustment to a difficult medical or surgical condition, and gets from us only a punch board for categorising psychopathological oddities. It is at this point, as I have implied before, that a knowledge of psychodynamics enables the psychiatrist to guide the student, in a really helpful way, to a working understanding of patients who are having difficulty in personal problems. Concretely, this means that the expert in psychological medicine should help the student learn to do good personal interviewing, to talk with patients in sufficient freedom to bring out the patient's attitudes and his sense of values. The student usually needs further help in making out the meaning of the patient's statements and behaviour and in integrating his interview material into a formulation which may make further interviews meet the patient's personal needs.

At the Johns Hopkins Medical School we have been working at this educational problem for several years. Certain members of the psychiatric staff who have shown special aptitude for it, are assigned to work with medical students in this way during

the final year's clinical clerkship in medicine. We can reach some solid conclusion as to its ultimate value, only when we learn whether the students who get such guidance become better physicians than otherwise, but we have at least been encouraged by a few years of trial. It should also be stated that this psychodynamic instruction and training in the final year is in addition to the clinical instruction in specialistic psychiatry. There are also courses of instruction, in each of the preceding three years of medical study, aimed at informing the students about elementary principles of psychodynamics and interviewing.

In learning about interviewing, students usually want some sort of guide or outline to habituate them to covering the " main points," and our students are given a temporary crutch for this purpose but one of our principal aims later is to liberate the interview from any stereotyped constraints. Only in a fairly free-flowing interview do the unconscious attitudes of the patient get clearly manifested. The free type of interview, as contrasted with a fixed pattern, also stimulates the student to bring into play his own commonsense judgment and his considerable store of intuitive understanding.

One source of grave errors and of frequent errors in the intuitive, commonsense approach to psychodynamics, can be stated fairly simply. The doctor or student reads himself into the patient, and assumes that the patient is motivated in the same ways as he is. Over and over again this leads to false interpretations and misunderstandings. If the doctor or medical student did really have a thorough understanding of himself, this tendency would not be so productive of mischief, but unfortunately doctors and medical students share in the general human tendency to dramatise themselves to themselves in flattering ways, or sometimes in unduly disparaging ways, and therefore commonly misconceive their own motivations. Let us call this the projective error.

The projective error contains then, two factors, first the error in trying to understand a diversity of patients' personalities by reference to the really quite limited range of one's own attitudes, prejudices and conflicts, and second, the misconception of oneself which is intuitively employed as a basis of reference.

The most useful general corrective to this common and grave source of error is found in the systematic study of the process of personality development. I had the opportunity during the recent wars to observe the work of a number of military psychiatrists. There was, of course, considerable diversity in their practical grasp of psychodynamic considerations and therefore in their capacities for prompt psychotherapeutic assistance. One could observe a general superiority, in these respects, of the men who had had considerable training in child psychiatry. I believe that this correlation was not an accident. An understanding of the development of personality during childhood helps the doctor to avoid the pitfall of expecting people to be motivated in a wholly mature pattern. This in turn helps the doctor to be realistic, rather than irritated, when people do not live up to fully adult expectations.

There are several ways in which one may designate the progressive steps toward maturity of personality. It is of great practical value to the physician to have some fairly definite ideas as regards these stages of immaturity. Many morbid anxiety reactions would remain quite enigmatic, or would be seriously misunderstood and mistreated if the physician did not allow for the patients' emotional immaturity. A person may be intellectually or economically very sucessful, yet remain childishly dependent on a mother or mother substitute for maintaining emotional security. Others may continue far into adult years the strenuously competitive and exhibitionistic attitude of early adolescence. If the physician, trying to understand the anxiety of a middle aged man, fails to recognise a persisting adolescent over emphasis upon prestige symbols, the meaning of an anxiety reaction may be completely missed.

The early psychoanalysts developed a set of terms for characterising stages of psychosexual development, roughly stated as oral, anal, oedipal, phallic and genital. These terms have not been very useful to the physician without psychoanalytic training because the criteria depend in considerable measure upon uncovering unconscious trends through the methods of free association and dream analysis. Such data when obtainable may provide a very delicate index of immaturity levels, very convenient when psychoanalysts communicate case reports with each other, but not always clearly intelligible to the uninitiated.

For more general purposes I have found it useful to delineate a series of stages of personality development having special reference to the sense of personal responsibility in interpersonal relationships. Four levels of immaturity can be roughly blocked out, and conveniently labelled infantile, childish, early adolescent and late adolescent. The

stages or levels are names in accordance with certain attitudes which characterise successive periods in the growth of a *normal* and *eventually mature* personality, but the terms and concepts are intended to be used principally for understanding persons who are chronologically and physically grown-up, but emotionally have remained at one of these immature levels, or in their illness have returned to it.

At the infantile level, one expects from others a limitless amount of service and consideration, without any automatic feeling for reciprocal obligation. This attitude has been most clearly, though paradoxically expressed by one of my patients when she said, " I'm no baby ; I know what I want ; and I want what I want when I want it." The great emotional need at this level is for affection or attention.

At the childish level, there has developed some sense of responsibility, but it is a delegated responsibility of the kind that is completely erased by a good excuse. The alibi habit is the characteristic expression of this stage. Great circumstantiality in speech is a useful clinical clue. Persons at the childish level of immaturity expect thorough reliability on others, but only formal effort, up to the " excused " level in themselves. They may expend much more effort in framing acceptable excuses than might be required to get a job done. Obsessive scrupulosity is a substitutive way of establishing merit, rather characteristic of this level. Praise or blame are the focus of attention. The great emotional need here is for security, characteristically sought in attachment to others, older or more powerful persons who may appear reliable and interested.

At *the early adolescent level*, exhibitionism and prestige-seeking are the outstanding manifestations of a strong push to gain personal significance, and to sustain it by repetitive demonstration. The striving for self-sufficiency requires extra-familial supports and these are characteristically found in idealistic herd-worship and in gangs. Badges and trophies have high value as demonstrable symbols of prestige. The sense of group responsibility developes at this level, limited in range to the gang or even more limited to one's buddy, but rather fanatical in its intensity. The great emotional need at this stage is for assurance as to personal significance, rather than simply affection or security. Now personal significance can only show off in a social setting. It can never be wholly individualistic. There is therefore, at this level, a correlated growth of social sense expressed in personal loyalty or small group loyalty.

The late adolescent level is the stage of -isms : romanticism, idealism or cynicism, for example. The tendency to excess is still present, as in earlier adolescence but doctrinaire rather than physically strenuous. The pseudo-sophisticated " line " of talk, the " wise-crack " and the sophomoric savant are easily recognisable manifestations The sense of social responsibility has become more generalised in the form of loyalty to a cause, as well as to a person or group. Sexual interests are expressed in pairing off, and in courtship behaviour, but success in that field, or the anticipation of success has the emotional quality of a conquest rather than of mutual devotion.

The adult level of personal maturity is difficult to characterise, but not too difficult to recognise. It is manifested in a balanced perspective regarding oneself, and one's life and work in relation to others. One can examine and appreciate the views and attitudes of others without feeling threatened thereby in one's own self-assurance. The social needs for affection, security and significance characterising immature stages are not outgrown in the mature adult but the means to their satisfaction have been found in a fairly wide range of personal relationships. The emotionally mature adult is not fixed in a stereotyped pattern but can handle a number of social roles, and can shift for himself from one to the other role, without paralysing constraint or anxiety.

The foregoing brief comments on the infantile, childish, early adolescent and late adolescent levels of personality development have been worked out clinically, and presented here, not by any means for the mere purpose of having a scale on which individual specimens can be pinned down at the appropriate level. The whole intention is to aid the doctor, as promptly as he can manage it in busy clinical practice, to comprehend and formulate the motivational level of maturity of each particular patient, so that the doctor's remarks and his plan of management and treatment, can tie in constructively with the patient's system of values.

There is not much point in laying psychotherapeutic plans on the assumption that a given patient will respond in accordance with a mature system of emotional values when the patient is displaying a disorder of personality functions which would probably not have occurred if he were emotionally mature in the first place.

In attempting realistic appraisal of a patient's level of emotional maturity, for guidance in care and treatment, the physician need not feel that he is being pessimistic or cynical.

For each level of immaturity there are usually some ways for working out a life situation in a manner to support the patient and fulfil his needs for affection, for security and for a feeling of significance. In fact, patients may mature under treatment. But in the strategy of psychotherapy and in the management of patients one has to recognise the psychodynamic principle that personality growth is stepwise. If one deals with a childish personality, and some progress in maturation does occur, one can expect that the characteristic themes and issues of adolescence will arise and have to be worked through before one can expect full maturity.

In conclusisn, now let me repeat that this brief discussion of Psychodynamics has been formulated, not as a sytematic exposition of the whole broad field, but primarily to high light a few of the important points and to indicate sketchily the perspective of psychiatry and general medicine in which psychodynamics has its subordinate, but basic, role.

The Steele Diaries—I.

STUDENTS

30*th May*, 1855.

I have to report that in consequence of a serious disturbance among the pupils on the night of Thursday the 24th inst. the following notice was ordered to be posted.

That the admission of Students under any pretext whatever, after the hour of 5 o'clock p.m. be suspended until further orders." "BY ORDER."

I have also to report that the following Students have been reported to me as having transgressed this order by passing the watchmen :

Mr. Scott ½ p. 6.
Mr. Butler ½ p. 9.
Mr. Lacy—under the assumed name of Tomkinson.
Mr. Hopkins ¼ to 10.

24*th November*, 1858.

Another clinical examination by the authorities of the London University is projected to take place on Thursday 25th Inst. On this occasion it will not be necessary to set apart more than four patients from each of the Wards, Stephen and Mary for examination, and it would be desirable to obtain the consent of the patients themselves before subjecting them to the manipulation of the Candidates.

25*th May*, 1859.

I have to notice that in consequence of the misconduct of some of the Students considerable damage was done in the museum of Materia Medica on Saturday last. Three panes of glass in the new specimen cases have been broken and a chair belonging to the room has also been destroyed. The room has been closed since Saturday in order to have the damage repaired.

29*th June*, 1859.

I beg to call your attention to the midnight disturbances caused in the public house (The Ship and Shovel) at the east end of the building. On Monday night the noise was kept up till 4 o'clock next morning, and was greatly complained of by the patients who had little sleep in consequence.

16*th May*, 1860.

In consequence of repeated complaints of the misconduct of Mr. Edinboro', an old student of the Hospital, it has been necessary to forbid his further admission. On Saturday evening last he appears to have made a ridiculous demonstration in Accident Ward while the scripture reader was engaged with the patients and his visits to the Dispensary of late have become a perfect nuisance.

17*th October*, 1860.

Some means are required to secure more effectually the entrances to the Lift in the new building staircase. It seems that the Lift has been occasionally employed of late by Students for gymnastic exercises and it is possible for accidents to happen from this cause.

19*th December*, 1860.

An application was made to me yesterday by Messrs. Ruddock and Rae, two of the students attending at the Hospital for protection from the assaults of their fellow students.

Dr. Steele was Superintendent of Guy's Hospital from some time in the 1850's until 1892, and these extracts are from his weekly reports to the Taking-In Committee. We publish selected passages from them in the belief that they will be of outstanding interest to Guy's men both past and present. We would like to express our gratitude to Sir Herbert Eason for sending to the *Gazette* the extracts which he has made from the originals.

They stated that on leaving the anatomy class at 10 o'clock they were pushed and hustled about on the steps leading from the classroom and to avoid further maltreatment they took refuge in the Museum. It does not appear that any of the officials observed what passed at the time.

14th August, 1861.

A complaint has been made by a student of the name of William Haynes, relative to his being insulted by another of the name of Rae, in the Colonnade without any provocation having been given. Haynes' statement has been corroborated by another student of the name of Hutton who was present when the altercation took place.

2nd July, 1862.

I have to notice the following occurrence which took place on Sunday last in Accident Ward. It appears that during divine service, two students from Bartholomew's Hospital obtained admission into Accident Ward and it is alleged by Mr. Cock, that in examining a patient under his care they forcibly broke the bone of the leg which had been but recently united. Inquiries are being made with a view to identify the offenders.

1st April, 1863.

Dr. Talbot, a student, complains that offensive epithets respecting him have for some time past been written on the walls of the Demonstrating room and other rooms adjoining the Museum. The walls of these rooms are very much defaced in consequence and stand in much need of cleaning.

6th May, 1863.

I have to notice several irregularities which have occurred lately in the conduct of the Residents in the Dressers House. It appears from the reports of the night watchmen, that several students, armed with sticks, are in the habit of pursuing and destroying the stray cats about the Hospital grounds. The woman in charge of the Dormitory also complains to me that the young women engaged in cleaning the Surgery have been much annoyed and insulted in performing their work.

1st July, 1863.

I have to report a disturbance in the Dressers Room this morning on the accasion of the House Surgeon's leaving office. The following students were reported to me as having left the Hospital at 3.30 this morning. Messrs. Medwin, Atherton, Martindale, Roberts, Thurston, Hiles, Knott, Ron, Hindle, Fowler, McNair, Pye Smith and Mr. Davy, House Surgeon.

Messrs. Davey, Hindle, Fowler, Ron, Pye Smith and McNair, came back at 20 minutes to 4 o'clock.

16th November, 1864.

The examiners appointed by the London University held a practical examination on several patients in Hunts Wards on Friday last. Three of the patients in Philip Ward, subjects of examination, complained afterwards of being severely handled.

Emma Russell, a patient in Martha Ward, has been robbed by the late nurse, of her chief articles of clothing. Measures are being taken to recover the stolen articles if possible.

24th January, 1866.

I have to report the case of a student, Mr. Rants, who is charged by the night watchman with drunkenness and disorderly conduct on the morning of Wednesday last and of interfering with the night watchman while engaged in his duties.

3rd October, 1866.

During the last two nights there has been great disturbance in the Dressers rooms. This morning at 5.30 I was necessitated to come down stairs to ascertain the cause and I observed the following students engaged in noise and riot, Naps, Giles, Roots, Hedley and Essles, besides three others whose names I could not ascertain. Several panes of glass in the Colonnade and Surgery had been smashed during the night and the sitting room of the Dressers House was in a state of filth and confusion, the floor strewn with broken tobacco pipes and playing cards.

31st October, 1866.

By order of the Taking in Committee the following regulations referring to the conduct of the Resident pupils were ordered to be placed in the Common Room of the Dressers House—

" For the better preservation of order and discipline in the Hospital and in the room of the Resident pupils, the Taking-in Committee direct :—

1st. That no pupils or visitors shall be admitted to the Rooms after 10 o'clock at night.

2nd. That all visitors and pupils not resident are required to leave the Rooms before 12 o'clock."

The House Surgeon for the time being is directed to see these Regulations carried out.

These Regulations framed and glazed were fixed in the Room on Friday last and were afterwards removed (with the sanction and concurrence of the House Surgeon) and fixed outside of the room in a spot where they would readily escape observation.

On Friday morning, two students, Messrs. Perkins and Norman, were reported as having letf the rooms at 3.45.

On Sunday morning, Messrs. Shorter, Cheeseman and Harwood, were reported as having left at 1.30 and on Monday, Messrs. Morrison and H. W. Cooke at 1 o'clock.

Mr. Humphries, House Surgeon, was suspended from his office yesterday and the students are requested to be in attendance this morning to explain why they refuse to comply with the Regulations.

23rd January, 1867.

The Clinical Clerks have applied to me frequently for a self registering straight thermometer to replace one broken some time since. This is the first of these instruments broken in the Clinical Ward.

25th December, 1867.

Last Friday night a concert of vocal and instrumental music was given by a party of Students in the Surgical Out-Patient Room. The proceeds after paying the necessary expenses connected with the entertainment and amounting to £7, have been handed over to the Samaritan Fund.

3rd February, 1869.

The resident Students express a wish to be supplied with the Bitter Ale marked X.X. in the Inde, Coope & Co's list at 22/6 per 18 galls. (1/3 a gallon less than 2d. a pint.)

12th May, 1869.

An application from the Athletic Club to use the airing grounds for throwing the hammer. Declined.

1st December, 1869.

It was reported to me about 6.30 on Saturday night that there was a disturbance in the Dispensary which prevented the nurses receiving their medicine baskets at the proper time, and on arriving at the Dispensary I found five or six nurses waiting while Macnair and a Student of the name of Paul (an apprentice in the Shop) were engaged in altercation. Several of the women told me that they had waited nearly an hour while the quarrelling was going on while others had returned to their wards without their medicines.

8th March, 1871.

Mr. Tipple, a 4th year Student, was brought into Cornelius Ward on Saturday night suffering from concussion, occasioned by a fall on the ground when playing at football.

9th October, 1872.

A Challenge Shield which the Students have been successful in obtaining in connexion with Athletic Sports has been received and has been placed in the Library.

14th April, 1875.

A misadventure occurred to the assistant House Surgeon on Wednesday last while applying the stomach pump to a patient admitted to Clinical Ward suffering from the combined effects of Alcoholism and Epilepsy. In the course of his struggles consequent on the introduction of the stomach pump, a brass joint connecting the syringe with the tube gave way and about 16 inches of the tubing was retained in the man's stomach. The patient is apparently doing well and unconscious of the accident.

25th April, 1877.

Numerous complaints have recently been made of one or more students who have been guilty of worrying and otherwise maltreating cats in the Hospital grounds during the night by means of dogs. It is difficult to identify the criminal's parties but there is every reason to believe they are the same as those charged before the local magistrate for a similar offence on Monday last.

17th October, 1877.

Application has been made to me by several of the Students who have their letters addressed to the Hospital, asking for additional space at the Lodge to have them exposed to view. The present window space is too limited for this purpose and letters are frequently not delivered on this account.

Correspondence

The National Health Act

SIR,—The Minister of Health has taken care to keep in his own hands, absolute and complete control of all medical matters without the need of obtaining sanction of parliament for his action; and he has denied the doctors the right accorded to every criminal, *i.e.* the right of appeal.

It must not be forgotten that these Herrenfolk have floated into their present positions through years of industrial unrest, in which the strike has been the crowbar or jemmy which has been used to open all doors. They understand the word, and the power which is inherent in it.

If doctors were to adopt the strike as a bargaining measure, Labour would be the first to say "What? A noble and honourable profession threatening to strike? Oh no! You would never do that!"

But see what the student nurses have achieved. That it was nauseating and undignified there is no doubt. But if staff nurses forsook their principle of *Noblesse oblige*, they would be equally successful if they used the same threat.

It is as well to get used at the outset that in the future, our dealings and negotiations will be with a strike-minded collection of politicians; and although such action is almost inconceivable to doctors, the sooner we realise it the better. As I read the future, we may be compelled to adopt in self-defence the only weapon the new "Boss Class" understands, and the knowledge that we would do so without hesitation may shake the complacency arising from their belief that doctors are gentlemen and would never dream of striking! Think of the shock and surprise that would ensue. "*Cet animal est tres méchant. Si on l'attaque il se defend*!"

Autre temps, autre moeurs. Impossible though it seems that we shall ever adopt the strike as a measure of bargaining, let our "bosses" beware. They should realise the internal pressure which is slowly building up and the sooner they, and The Public, realise that it is not impossible to visualise circumstances in which a more politically adolescent medical profession might take a leaf from the book of their "masters," the better.

We know that many of us are already regarded as "vermin" and that none of us are "worth a tinker's cuss."

Let us thank the student nurses for having shown us the way. And let us remember that the promise of an "Amending Act" on the strength of which the B.M.A. advised us to "take service," seems to have been completely forgotten and we are "in the bag." Q.E.F.

Yours, etc.,

EL HAKIM PASHA.

Trade or Profession?

SIR,—In Passim you write of "the edifying spectacle of student nurses earning (you mean receiving, I think) more than staff nurses of several years experience." You also mention how "vociferous student nurses prostituted their profession by threatening to walk out unless their pay was immediately increased." But I submit, sir, that they were only following in the footsteps of their master, the present Minister of Health, who, at a very critical stage of the late war, threatened, during a debate in the House of Commons, that if he did not get his way he would go down to Wales and stump the coalfield; furthermore, he guaranteed to lay the whole South Wales coalfield idle within a fortnight. And, it is said of him to-day, that he has but to whisper his threat of resignation to bring "his" cabinet to heel, for, be it remembered, he tops the poll at his party's annual conferences. This latter is of course only hearsay, the former is recorded in Hansard.

This, Sir, is the age of mediocrity in which to receive is considered more blessed than to give. Why shouldn't student nurses get more than staff nurses? Their minds are immature and they are more numerous and vociferous than the staff nurses.

Alas! it is sad to see (and many of us foresaw) The professions rapidly becoming trades, dominated more and more by politics and rates for the job, and sadder still to

realise that the further the doctor or nurse gets from the patient the nearer he or she gets to the ear of the politician.

Nowadays, when a patient is entering a " private " bed in a hospital, it is necessary to ring up the hospital secretary and ascertain the " rate for the job." The rate for hysterectomy is higher than for myomectomy, often a much more difficult operation, requiring greater judgment and experience than hysterectomy. These rates alter not, be the operator the most senior or most junior member of the staff. When one enquires by whom these rates are fixed, the reply is (after a pause), " The Minister, I suppose."

Yours, etc.,
TERENCE G. ROBINSON.

Shadwell Towers,
East Boldon,
Co. Durham.

Sport

RUGBY FOOTBALL

SPECIAL APPEAL TO OLD GUY'S PLAYERS.

Owing to present-day shortage the team is unable to replace jerseys and stockings in the Guy's colours. The Hon. Sec., N. Malyon, Dental Dept., will be grateful if any Guy's man can let him have any kit not in use.

GUY'S *v.* CATFORD BRIDGE

at H.O.P. Won 27—3.
18th September, 1948.

The opening match of the season was played in glorious sunshine before a good sized crowd, and resulted in a win for the Hospital by 3 goals, 1 penalty goal and 3 tries to a penalty goal.

The team worked remarkably well throughout against moderate opposition, but there were signs that the back division will be slightly more penetrative as the season progresses. T. Smith at left centre created a good impression and frequently broke through in an endeavour to bring his wing, B. M. Gray, into some promising movements. F. W. Retief was equally successful in finding gaps to break through but one felt that not sufficient use was made of his outside partner, N. K. Macrae-Gibson, who is now back at the hospital. Much of the side's success, however, was due to H. L. Brunow who dominated the centre of the field and provided innumerable opportunities for a score.

There were only three of last season's regular forwards in the pack which looked as strong as ever with two newcomers in T. G. L. Bellis and B. J. Cremin conspicuous successes.

Six minutes after the start, N. K. Macrae-Gibson flung a long pass to H. L. Brunow who cross-kicked for T. G. L. Bellis to open the score with a good try that T. L. T. Lewis converted. The only other score before half-time was an unconverted try by A. C. de B. Eksteen, following some quick picking up of the loose ball and accurate handling. He was injured in the effort and retired for the rest of the game.

The second half found Catford Bridge tiring, and the Hospital took full advantage of some weak tackling and poor positioning to add a further 19 points.

T. G. L. Bellis scored his second try when following up a kick ahead by B. M. Gray, and T. L. T. Lewis was successful with the kick. A straight run in delightful fashion by T. Smith added an unconverted try, which was followed by a cross-kick from N. K. Macrae-Gibson to H. L. Brunow, who sent in B. M. Gray to run round to the posts and again T. L. T. Lewis converted. Hereabouts, Catford Bridge were awarded a penalty and A. F. Packham landed a perfect goal from near the touch-line, but T. L. T. Lewis retaliated with an equally good kick at the other end from almost the same distance.

Guy's subjected the Catford Bridge defence to severe pressure and some neat passing by F. W. Retief and N. K. Macrae-Gibson ended with T. Smith flinging himself over in the corner for an unconverted try.

GUY'S *v.* BLACKHEATH

at Rectory Field. Lost 17—6
25th September, 1948.

The Hospital lost this important match by 1 goal, 3 penalty goals and a try to two tries. By this it will be seen honours were even on the try scoring side but superior place kicking gave Blackheath a score that must have given them tremendous satisfaction.

The Hospital side was sadly depleted with injuries and had to be completely re-modelled after it had been selected. All the full-backs were injured, so B. M. Gray was played there and did very well in such an emergency. The three-quarter line had P. S. Russell and G. Thomas from the " A " XV on the left wing, and K. Heber in place of H. L. Brunow at stand-off half. If these players did not quite stand out they at least proved that they possess the spirit to battle successfully against odds. It was a big ordeal to ask them to match the skill of J. A. Gregory, the Olympic sprinter, and M. F. Turner, the Blackheath wings, both aspirants for international caps this season, but that these two players were kept under control was due to the concentration of the backs in breaking up all the Blackheath movements in the centre.

Guy's had an early warning what might happen when J. C. Gregory received the ball from a brilliant passing movement after two minutes play and side-stepped, turned and weaved his way through the whole of Guy's defence for as good a try as was ever scored. Then came the Guy's stranglehold on the Blackheath centres and Gregory did not get another chance until the end of the game when after beating all opposition with two men in support selfishly held on to the ball and was tackled brilliantly by B. M. Gray. Two penalty goals both kicked by S. T. J. Walter gave Blackheath a lead of nine points.

For a period following the interval, Guy's were undoubtedly superior and executed movements which gave Blackheath a lot of anxiety. D. Keller, the Australian forward now at the Hospital, picked up following a short run by P. S. Russell to cross for an unconverted try. Guy's kept up the attack and J. Keeling was most unfortunate in not getting a try, but a few seconds later, W. J. Wolfsohn touched down but again the kick failed. It was anybody's game at this moment but with another penalty goal by S. T. J. Walter, Blackheath went

further into the lead and finished with a flattering score when the same player converted a try by P. Burnham, although this try might have been prevented had the Guy's tackling been stronger.

GUY'S *v.* UNITED SERVICES PORTSMOUTH

at H.O.P. Won 6—3.
2nd October, 1948.

Guy's did well in beating a strong Services team who have already this season accounted for Northampton and London Irish. Included in the Portsmouth side was the well remembered Guy's player, B. Cole, and our old friends, N. Bennett and Murphy O'Connor (late of St. Mary's Hospital).

The Hospital side was much stronger this week with the return of H. Brunow at fiy-half and D. Le Clus at full back.

Guy's opened very strongly and stayed in the Services half for the first 15 minutes, but although the pack gave the backs plenty of opportunity, movement after movement failed on the Services line.

The Services then settled down and began to attack, and N. O. Bennett crossed the Hospital line after a clever break through by T. C. Barnes. The kick failed and half-time was reached with the score 3 nil against the Hospital.

The second half opened with both sides attacking in turn, the Guy's defence being steadied by great kicking by W. Le Clus and H. Brunow, till finally H. Brunow levelled the scores by one of his well placed drop goals.

Guy's fought desperately for the lead which came a few minutes before time when Gray, obtaining his second pass of the match, ran round his opposing wing to touch down behind the post. The kick, missed, so the game ended in a win for Guy's by 6 points to 3 points.

D. Le Clus at full back played a great game in this his first match of the season, whilst H. Brunow and A. Bailey fitted perfectly together. A. Keller playing in the unaccustomed position of a front-row forward was again prominent, and J. A. Keeling showed the form which gained him his English caps last season.

GOLF

Huntercombe Golf Club has long been closely associated with Guy's Hospital, and is in fact by some people considered to be an annexe. It is presided over by Lord Nuffield, for so many years our Treasurer and our greatest benefactor since Thomas Guy. Its members have included three successive Superintendents and other Members of the Staff, and old Guy's men.

During a recent week-end, one of our surgeons, Mr. Eckhoff, who is Vice-President of the Golfing Society in the hospital, won a cup on two successive days—one for a stroke, and the other for a bogey competition.

The following week-end, Mr. Eckhoff won a third cup—for a stroke competition.

Hospital Information, etc.

NOTICES

GUY'S HOSPITAL

YORK CLINIC FOR PSYCHOLOGICAL MEDICINE.

Applications are invited from qualified medical practitioners who wish to take the D.P.H., for the post of Resident House Physician. Salary £350 per annum with full residential emoluments. The appointment will be for six months in the first instance, and may be renewed for further such periods. Arrangements will be made for special off duty for study.

Applications, giving the names of two referees, should be sent to the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than October 30th, 1948.

M.R.C.P. COURSE

It is proposed to hold a Membership Course starting on 1st November, for the examination to be held on 28th December, 1948. Names and address of those wishing to attend this Course should be handed in to the Medical School Office not later than Monday, 25th October, 1948.

HARVEST THANKSGIVING

The Harvest Thanksgiving Service at Guy's this year will be held in the Hospital Chapel at 10.45 a.m. on Sunday, October 24th.

The preacher will be The Revd. St. John B. Groser, M.C., Rural Dean of Stepney, the well-known East End priest and missioner to the universities. Music by Guy's Musical Society. It is hoped that many members of the staff, and students of the Hospital, will be able to attend.

ST. LUKE'S DAY SERVICE

Earlier this year Guy's Hospital Chapel Committee recommended that there should be a special service on St. Luke's Day for members of the medical, dental and nursing staff and all students of the Hospital. This suggestion was accepted and accordingly a St. Luke's Day Service will be held at *Southwark Cathedral at* 1.15–2 *p.m., on Monday, October* 18*th*, 1948.

St. Luke was the friend and companion of St. Paul, who speaks of him as "the beloved physician," and it is therefore fitting that his day should be specially observed by all whose vocation is the work of healing.

The speaker will be the *Revd. J. V. Wilson, M.A.*, who for many years has been engaged in pastoral and research work in hospitals and elsewhere. He is specially qualified to address us, as he is Chairman of the Guild of Health, and also a member of the Churches' Council of Healing set up by Archbishop Temple, the work of which has been recognised by the British Medical Association.

It is hoped that this service will be fully attended and supported by past and present members of the Hospital.

W. DENYS GIDDEY,
Resident Chaplain.

BIENNIAL DINNER.

The Honorary Secretary of the Guy's Biennial Dinner, to be held on October 29th, 1948, requests all old Guy's men desirous of being present to send their application form for tickets by return, as the number available is limited. Applications should be addressed to :—

Honorary Secretary,
Guy's Biennial Dinner,
Medical School Office,
Guy's Hospital, S.E.1.

PASS LIST

UNIVERSITY OF LONDON

EXAMINATION FOR THE ACADEMIC POSTGRADUATE DIPLOMA IN MEDICAL RADIOLOGY.

July, 1948.

J. C. Bulstrode J. C. A. L. Colenbrander

PASS LIST

CONJOINT BOARD

L.R.C.P., M.R.C.S.

September, 1948.

Anatomy.

J. K. Blackwell — V. R. Jones
N. B. Gillison — E. M. Newton

Physiology.

A. Ferrari — E. M. Newton
N. B. Gillison — E. M. Plomer
T. C. R. Jones

Pharmacology.

B. H. Bass — D. Lennie
B. Bilton — C. R. Lynn
A. C. Campbell — L. W. Mackey
D. M. Devane — T. M. Owen
R. H. P. Fitzpatrick — E. M. Plomer
C. J. Frederick — P. S. B. Russell
N. S. Galbraith — J. M. Stoner
H. R. E. Gillespie — I. B. Thomas
T. S. Hart — W. H. Watson
B. Hartley — S. A. A. Zaidi
E. M. Hume

APPOINTMENTS

UNIVERSITY OF WITWATERSRAND, JOHANNESBURG.

University of Witwatersrand, Johannesburg.

Mr. Julius Staz, L.D.S., R.C.S., has been appointed Professor of Dental Science in the University of Witwatersrand.

INTERNATIONAL DENTAL FEDERATION.

At the 37th Annual Meeting the following appointments were made :—

Commission on Dental Education.
President : Prof. R. Bradlaw.

Commission on Oral Hygiene.
President : Dr. A. E. Rowlett.
Secretary : Mr. G. E. Loader.

Commission on Public Dental Services.
President : Mr. W. Kelsey Fry.
Secretary : Mr. G. A. Morrant.

PAPERS BY GUY'S MEN

Marston, A. D. The Faculty of Anæsthetists of the Royal College of Surgeons of England. *Med. Pr.*,

Moffatt, P. M. The partially sighted child. *Public Health*, 1948, **61**, 245.

Rewell, R. E. Diseases of tropical origin in captive wild animals. *Trans. Roy. Soc. Trop. Med. and Hyg.*, 1948, **42**, 17.

Rushton, M. A. Advances in the treatment of oral dental diseases. *Practitioner*, 1948, **161**, 321.

Shaw, A. Batty, and Another. A case of Bilateral Stress Fracture of First Rib. *Brit. Med. J.*, 1948, ii, 602.

Thompson, R. H. S., and Others. Studies on Copper Metabolism in Demyelinating Diseases of the Central Nervous System. *Brain*, 1948, **71**, 212.

Young, A., and Another. Penicillin treatment in acute suppurative otitis media with special reference to long term hearing. *J. Laryngol, Otol.*, 1942, **62**, 551.

Vertue, H. St. H. Lucretius, The Poet of Our Time. Greece & Rome, Vol. XVII, No. 50, June, 1948.

CHANGE OF ADDRESS

A. Alcock, M.B., B.S., 9, College Green, Gloucester. (Tel. : 24406.)

E. Robert Arnold, M.R.C.S., L.R.C.P., 37, Ravensmead Road, Shortlands, Kent.

D. Erskine, M.D., 9, College Green, Gloucester. (Tel. : 24406.)

J. Forbes, M.D., Ar-y-lan, Adwy, near Wrexham, Derbyshire. (Tel. : Coedpoeth 15.)

B. L. Frank, c/o Ciba Comp, Ltd., 1235, McGill College Avenue, Montreal, Canada.

D. N. Fuller, F.R.C.S., 35, Fifth Avenue, Parktown North, Johannesburg, S. Africa.

N. Gillman, M.A., M.B., B.Ch., Croftdown, Aldworth, Reading, Berks.

Guy's Hospital Gazette, Gazette Office, No. 6, St. Thomas's Street, London, S.E.1.

R. Mallet Mote, L.D.S., R.C.S., *Private :* 7, Albion Street, Lewes, Sussex. (Tel. : Lewes 649.) *Practice :* 1, Wallands Crescent, Lewes, Sussex. (Tel. : Lewes 1453.)

R. P. Marshall, M.R.C.S., L.R.C.P., 5, Christchurch Road, Worthing, Sussex.

A. M. McCall, M.R.C.S., D.P.H., Orchard House, Crewkerne, Somerset. (Tel. : 471.)

G. A. Morrant, B.D.S., Institute of Dental Surgery, The Eastman Dental Clinic, Gray's Inn Road, W.C.1.

N. S. Plummer, F.R.C.P., 27, Weymouth Street, W.1. (Tel. : Langham 3800.) Residence unchanged.

P. V. Reading, M.S., 54, Reddans Road, Beckenham, Kent. (Tel. : Syd. 5402.)

J. F. S. Rumble, L.D.S., R.C.S., 5, Argyle Road, Sevenoaks, Kent.

W. G. Tillman, M.R.C.S., L.R.C.P., 59, Wimpole Street, London, W.1. (Tel. : Welbeck 3346.)

John M. Wildman, M.R.C.S., L.R.C.P., 16 Churchfields, Broxbourne, Herts. (Tel. : Hoddesdon 2908.)

BIRTHS

BORGHYS.—On June 1st, 1948, to Cynthia (née Slater), wife of Paul Borghys, 2, Ullswater Road, Southgate, N.14—a sister for Diana and Helen (Carolyn).

COX.—On September 25th, 1948, at Nuffield House, Guy's Hospital, to Betty (née Padbury), wife of Dr. A. G. C. Cox—a brother for Christopher (Charles Anthony).

LOVETT-DOUST.—On September 19th, 1948, at Nuffield House, to Katherine (née Mourant), wife of Dr. John Lovett-Doust—a daughter (Felicity Anne).

McCALL.—On September 9th, 1948, in Tunbridge Wells, to Becky (née Ball), wife of Michael McCall—a daughter (Frances Elizabeth).

PONDER.—On September 24th, 1948, at Abbey Court, Sandling, Maidstone, to Ruth (née Skeet), wife of R. C. Ponder—a son (brother for Peter and Teddy).

MARRIAGES

RUMBLE—ROSE.—On August 24th, 1948, at Christ Church, Hatfield, Herts., John Rumble to Joyce Rose.

WATSON—JONES.—On August 26th, 1948, at St. David's Church, Haverfordwest, Major F. W. Watson to Thelma Jones.

DEATHS

BOULTON.—On September 19th, 1948, suddenly, Norman John Boulton, M.R.C.S., L.R.C.P., of "Tutties," Kintbury, Berks., in his 46th year. Funeral private. No letters, please.

Eds. { H.A.R. / R.A.K-F.

GUY'S HOSPITAL GAZETTE

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PASSIM

THE task of compiling each addition of the *Gazette* is a formidable one, for every fortnight the Editors are presented with an almost insuperable problem. As a result of the paper shortage each issue can consist of only twelve to sixteen pages, two of which are devoted to Change of Address, Exam. Results, Medical and Dental announcements, and such like. The remainder of the issue must, however, be of interest to three, if not four, very diversent groups of individuals. Firstly, and rightly so, come the ex-Guy's men and women who wish to keep in touch with the Hospital. They are relatively easy to satisfy, but this is usually at the expense of the second group, those resident in and around the Borough, to whom most of the local news is old news. Thirdly, there is the Dental School, and fourthly, the much neglected first and second year students. The latter complain bitterly that most of the material published is of little interest to them, save sport which they know, and Passim which they criticize continuously and unreservedly. It is accordingly with pleasure that we welcome the revival of "Pulse," a paper which, by appealing specifically to this latter body, can to some extent make up for our short comings.

"Pulse," as many of you will remember, is a "wall" paper which originated a year or so ago, and then faded away, after a promising start, because of a regretable clash between the Editor and the Students' Union. It suffers, of course, from the grave disadvantage that it is only a "wall" paper, and hence has a limited size, and a circulation of precisely one copy. This limitation is due solely to the shortage of paper, and it is to be hoped that when times change for the better, it will be able to blossom forth into sturdy manhood. If that should be the case we would recommend its Editorial staff to read some back numbers of the "Guyoscope," a model magazine which flourished in the early nineteen hundreds.

About two years ago we first published a correspondence on the subject of the appalling state of the Park, which had degenerated into a dirty muddy wilderness. We can now report a wonderous transition. The turf has been entirely relayed, and the grass has been regularly cut and watered. The surrounding chains and posts are gleaming white and clean, and the seats have been firmly fixed in small areas of crazy paving. The gardens are full of flowers, and the whole lay-out is extremely pleasant. Our only criticism is that some of the trees have untidy pieces of paper affixed to them, advertising various forthcoming matches, or proclaiming the birth of a new club or society. These unsightly notices should be removed.

It is regretfully, but inevitably, that we must pass on from the beauties of the Park to the horrors of the Spit. For horrors is the only word. During the summer vacation the Spit (the ex-Pavey gymnasium) was entirely redecorated, and it was with high hopes that we observed the vast quantities of paint that descended day by day into the bowels of the College. The result defies description. As you enter the wall ahead is crimson red all over; on your right is an expanse divided into four panels, two green, one blue, and one white. On your left the wall is a pleasant shade of blue, but the doorway in its middle is painted with bands of bright yellow, white and green. The fourth wall is blue. Surrounding part of the room is its greatest redeeming feature, a not unpleasant facing of a red leather-like material, which extends to a height of about three feet from the floor. As, however, it is almost certain to harbour innumerable bugs in the humid atmosphere of the cafeteria, it is a mixed blessing. The pillars supporting the roof (which is white and yellow) are blue. The whole set-up is an example of bad taste without precedent anywhere in the Hospital—including the architecture of Hunt House. Who was responsible and who paid for it we don't know; the artist, we presume, is in the York Clinic.

WE have pleasure in reporting that Dr. W. F. Rienhoff has been appointed Honorary Associate Consulting Surgeon, and Dr. J. C. Whitehorn Honorary Associate Consulting Physician, to Guy's Hospital.

MR. ATKINS and Mr. Glover have now left Guy's for the Johns Hopkins, Mr. Glover at the beginning of the month, and Mr. Atkins on the 19th. We wish them a good journey and a profitable visit. Finally, we welcome Mr. Laurie who has arrived to take up his duties as Surgeon on the Hospital staff.

A Glimpse into the History of Obstetrics

A Lecture delivered at Guy's Hospital on Monday, 4th October, 1948,
by Professor MILES PHILLIPS, Emeritus Professor of Obstetrics at Sheffield University

MY object in choosing this topic is the hope that I may be able to attract some of you to take a zealous interest in the historical aspect of your professional studies, and most particularly in that of Midwifery. I shall not make any attempt to review its development in your own hospital but I shall make use of two minor incidents in the story of Guy's Hospital in order to introduce three outstanding obstetricians, whom I have chosen to assist me in attracting your attention to this aspect of the study of midwifery.

In 1789, Dr. John Haighton* became lecturer on Midwifery at Guy's Hospital, the first to be appointed to this honourable post.

In 1812 a certain Dr. David Daniel Davis joined one of Dr. Haighton's classes.

David Daniel Davis was born in the parish of Llandefeilog, near Carmarthen town, in 1777, a son of the village cobbler. Local history records that he was befriended by General Sir Thomas Picton, one of the heroes of the Battle of Waterloo. Struck by the lad's intelligence he had him educated at the Carmarthen Grammar School, then at Northampton Nonconformist College, and finally at Glasgow University, where he took the M.A. and, in 1801, the M.D. degree. For about two years he practised medicine at Mansfield, in Nottinghamshire, acting at the same time as Minister to a Noncomforming congregation nearby. A Sheffield historian heard him preach at the Upper Chapel which still stands in Norfolk Street, Sheffield. In 1803, he gave up the ministry and settled in Sheffield as a physician, being appointed Physician to the General Infirmary in 1804. He married Catherine Hall in 1806. His first, of three sons, named Henry was born in 1807, but soon died, having been "injured by midwifery forceps, his wife having been delivered by a friend." It is not unlikely that this sad experience directed David Davis' close attention—as his text-books on midwifery testify—to the improvement of midwifery forceps and, especially, to the precautions that should be taken in their use; no less than 50 pages of his crown-quarto volume on Operative Midwifery being devoted to this subject.

His interest in obstetrics rapidly developed; in 1812 he visited London, leaving his practice in Sheffield in the care of a friend, and attended lectures on Midwifery by Dr. Haighton of Guy's Hospital, and later became house-pupil to Dr. Robert Gooch of St. Bartholomew's and the Westminster Lying-In Hospital. He also gained Dr. Thomas Denman's interest and kind friendship. He decided to settle in London; this he did in 1813, and was appointed, in December of that year, to the Honorary Staff of Queen Charlotte's Hospital. He resigned this appointment a few years later, on the breaking out of puerperal fever in that institution, as a protest against the lack of precautions which he considered necessary: another instance of his devotion to detail. In 1806 he was elected Physician Accoucheur to the "Royal Maternity Charity for delivering poor married women at their own habitations"—to give this Charity its full title. This was at the united request of the Charity's three physicians at that time: Dr. John Sims, Francis Ramsbotham and Sir Richard Croft, Denman's son-in-law. He soon became John Sims' private assistant. The extraordinarily rapid progress in his professional career and the notable appreciation of his merits by his seniors surely must point to David Davis having been a man of outstanding ability and an inspiring character, which

* John Haighton was demonstrator of Anatomy at Guy's Hospital when Astley Cooper was a student there. He was unstable, opinionated and argumentative, consequently students did not care to ask his help in their dissections. Later Haighton became lecturer on Physiology and on Midwifery. Hale-White ("Great Doctors of the Nineteenth Century," p. 25) says: "He was a good lecturer, an admirable operator in obstetrics, his distinction in mathematics and astronomy obtained for him his F.R.S." He was the maternal uncle of James Blundell, who succeeded him, the first man in this country to perform a successful hysterectomy for cancer.

has been described as "remarkable for its strict integrity and candour." It must have been so or he would not have been chosen to attend the Duchess of Kent at the birth of Queen Victoria in May, 1819, less than six years after he had settled in London. During this time he had, in 1817, published a description of his "improved midwifery forceps," "guarded crotchets," and an instrument he called an "osteotomist," which combined the principles of a punch and a pair of scissors, and was used for effecting a much greater reduction of the perforated fœtal skull than had previously been possible. Cæsarean section was much too dangerous and craniotomy had frequently to be employed in those days.

He also discovered the correct pathology of phlegmasia dolens; its dependence on phlebitis. In 1823 he read a paper on this subject to the Medical-Chirurgical Society. Describing himself as a "strict contagionist," he detailed the precise instructions he gave to those pupils who had been in contact with a case of puerperal fever: they were struck off the clinical class for a time and had to make a complete change of dress. For the same reason he had strong objections to lying-in institutions, as tending to favour the spreading of the disease. In 1827 he became the first Professor of Midwifery at the London University, and, in the next year, the first Obstetric Physician to University College Hospital. Until 1831 he enjoyed excellent health. In that year he developed lymphangitis of an arm consequent on inoculation of a finger during a protracted case of craniotomy. He died in 1841, and was buried, it is said, though I cannot get confirmation of this, at Bethnal Green Cemetery.

David D. Davis actually provided his own memorial in the form of three magnificent quarto volumes, in which he expounded and depicted by many excellent plates, the teaching of the principles and practice of midwifery. The first on "Operative Midwifery" appeared in 1825; the second, in two volumes, entitled "Ostetric Medicine" was published in 1836, and a second edition in 1841.

No trouble or expense could have been spared in their production; alone they afford us strong evidence of David D. Davis' high standard of achievement. However it would seem that they were not fully appreciated.

Dr. Robert Barnes, in "Lectures on Obstetric Operations" (1871) refers to David Davis' "great work, a work too much neglected by his successors." McClintock also (in the Sydenham Society's Edition of William Smellie's Treatise) describes it as "a great work," but Matthews Duncan refers to it as "a comprehensive treatise containing no discovery but entitling its author to a high place among writers on midwifery *of the second rank*." I wonder if that qualification—*of the second rank*—reveals a spirit of resentment tempered by envy which the books may have aroused and which led to their neglect?

David Davis fully realised that this might happen. He was concerned at the widespread absence of sound midwifery practice, and being determined to do what he could to rectify this he thought it necessary to state his views strongly. The full title of his first book is "Elements of Operative Midwifery, comprising a description of certain new and improved powers for assisting difficult and dangerous labours, illustrated by plates: *with cautionary strictures on the improper use of instruments*." The first 23 pages, of "General Remarks," are largely devoted to criticisms such as "as a cause why operative midwifery has not advanced in improvement commensurately with its importance, I have to notice the fact, that it seems not to have been made the subject of study, since the time of William Smellie, by any person in this country or abroad, possessing even a moderate share of talent for practical mechanics." "I trust," he adds, "I may be permitted to make this statement without offending any part of the profession, as the fact itself is too notorious to be for a moment disputed." Then he "ventures to assert that teachers of midwifery have not usually paid what I consider sufficient attention to instruct their pupils in the particular branch of their business, which it is the special object of the following sheets to illustrate." "I feel," he adds, "that I am here treading on tender ground, and of course I wish to tread it lightly." He laments that "the profession of midwifery, for many years viewed with suspicion, perhaps with disdain in certain high quarters, is not even yet deemed worthy of the smallest recognition, much less of protection and encouragement by any of the learned professional colleges or corporations of England." (That was written 104 years before the B.R.C.O.G. was founded.) Urging improved instruction in the use of midwifery instruments, he says. "No man has ever wielded the simplest instrument, a knife, for instance, a pen, or even a pin, for the first time in his life, with perfect dexterity. But let it be considered that indexterity in midwifery may be death to its victim." He then states that "this important branch of our profession has, indeed, sustained infinite mischief from the loose and absurd notions which have been entertained as to the extraordinary simplicity of its operations."

Alertly, he adds, "whilst respectfully soliciting the attention of the professional public to the contents of the following pages, I am sensible that I may very probably have to encounter some active hostility from the squeamish and ignorantly prejudiced persons to whom the foregoing remarks are intended most especially to apply."

After devoting nearly 80 pages to a careful description, fully illustrated by splendid plates, of the use of forceps in all conceivable conditions, he appeals to "Gentlemen of the Royal College of Surgeons, are you not well aware that nine out of ten of your entire body are engaged in the daily practice of midwifery, and yet without apparent compunction, you suffer your members, under the sanction indirectly of your royal diploma, to engage in the most responsible duties of this art, without requiring even the shadow of a proof of qualification for them." (No examination in midwifery.)

It may well be that David Davis' tirade hastened such improvement as did take place in the following thirty years in the regulations for the teaching of midwifery.

But there is still room for improvement and I personally believe that those who are nowadays concerned with the teaching of midwifery would benefit by reading David Davis' writings.

His second work entitled "Obstetric Medicine" also considers gynæcological diseases: it extends to nearly 1,300 pages in two quarto volumes. In the Preface he thinks it proper to remark that "the materials of which these volumes are composed are the accumulation of many years, the result of knowledge acquired both by extensive practice *and by almost exclusive reading on the subject of the work.*" He realises that "the references to cases and other forms of illustration may appear so numerous as to suggest a suspicion that a sufficiently severe discrimination had not been used in this selection." Certainly a very large number of cases are recorded, often in considerable detail, from British and continental sources as well as from his own practice. The literary style might be described as *verbose* and even, at times, redundant. This may have been acquired during his training for the pulpit? It may possibly be another reason why the volumes appear to have been neglected. I will give you an example or two of this. On page 171 of the "Elements of Operative Midwifery" he records that "A poor woman, a patient of the Royal Maternity Charity, after having been in labour for about five hours, became suddenly very faint upon the bursting of the fœtal membranes and the discharge of a considerable quantity of liquor amnii, whilst being supported in a sitting attitude on a chamber utensil, she was making an effort to respond to one of the calls of nature. She was immediately laid down in a horizontal position; but upon further adjustment of her person and bed-clothes, she was found *to be perfectly and irretrievably dead.*"

In volume II of "Obstetric Medicine," on page 867, "A woman patient (of Sheffield)" is described as being 'not very mild in her manners, nor accommodating to the wishes of her medical attendant." When suffering from retention of urine, a catheter was suggested but, Davis records, "the patient continued inflexibly to persist in her resolution not to admit of any manual or instrumental assistance." She changed her doctor, and it is recorded that "her quondam medical attendants prognisticated evil; Mr. Favell earnestly urged compliance; the patient remained firm to her purpose, and after many days of intense suffering, nature at length indicated a disposition to interpose for her relief. A dribbling of urine, as if from a trifling leakage, was felt to escape from the orifice of the urethra." "To make short of the account," he says, "the bladder was thus eventually spontaneously and completely evacuated" and "the patient in no measured terms, expressed her triumph over her miscalculating medical attendants."

On page 956, in describing the method of introduction to the patient of the medical practitioner called in by a midwife, he says "The ceremony of introduction into the parturient room is now much less formal than it used to be in former days." The practitioner should approach his patient "with perfect gentleness and good manners." "After a few observations on the common topics, of the health of the family, the state of the weather, etc.," there can be no difficulty in referring to the period of commencement of the patient's labour pains."

I shall now make use of another visit to Guy's Hospital, in order to introduce an even greater British Obstetrician, indeed the greatest of all, Dr. William Smellie—the Master of British Midwifery. (The *Father* of British Midwifery is Dr. Wm. Harvey.) The visitor on this occasion was Dr. Peter Camper, the famous Dutch Anatomist, Artist and Obstetrician. In 1749 and 1752 he visited England, chiefly with the object of attending Dr. Smellie's School of Midwifery in London. He kept a diary, which is preserved in the University of Amsterdam Medical Library. This was published with an English translation in 1939, and I strongly recommend you to read it.

He records that on May 13th, 1749, " I saw St. (!) Guy's Hospital with Dr. Munckley, one of the doctors of the hospital. I think there are about four doctors. They earn about £40 each; each has his own patients and for that reason they have printed notices, with the name of the patient on them, pinned to the bed, so that the doctor shall know who they are. The place is very neat and the beds very good. Beside each bed there hangs a towel which seems to be for the doctors to wipe their hands. All the rest is in the same style as in Amsterdam. This hospital takes between 400 and 500 patients. There are separate wards for men and women and a ward for infectious diseases, chiefly small-pox."

In 1752 he paid a second visit, on May 25th. " I went with Dr. Munckley to St. Guy's Hospital. I saw nothing particular. It is agreed that the best thing is that every doctor has his own patients."

In those days there was no maternity department at Guy's, and Camper, as his diary records, soon returned to Dr. Smellie, and so must I.

William Smellie was born in Lanarkshire in 1697. It is probable that he was apprenticed to Dr. John Gordon of Glasgow. He commenced practice, as an unqualified practitioner in the town of Lanark in 1720, at the age of twenty-three. With regard to his midwifery experience he states that he " was seldom called to deliver women except in laborious and preternatural cases." He became interested in midwifery forceps, and he actually left Lanark in 1738–9 and travelled to London, in order, he records, " to acquire further information in the use of forceps." Disappointed with the teaching in London, he crossed to Paris and spent three months at Monsieur Gregoire's school of midwifery. Of this he was also critical, especially of Gregoire's method of using the forceps, for, he says, " he taught his pupils to introduce them at random and pull with great force." Possibly " the effect of the visit to London and Paris was the strong conviction that he could introduce better and more effectual methods of teaching midwifery."

In 1739 he set up in London as an apothecary and accoucheur, and by 1741 he was established as a teacher of midwifery. His method was largely practical teaching in the slums, at the bedside of women whom he supported financially during their lying-in on condition that he might be allowed to bring his pupils to watch and even take part in the delivery.

In his Case records there are numerous instances of this procedure. In Case 285 (*McClintock's numbering*) we read, " In the year 1746 I received a message from a gentleman of the profession, desiring me to come and assist him to deliver a poor woman and to bring two pupils with me, which the patient had consented to make me some recompense for my trouble."

In Case 322, " the patient was placed supine across the bed (in what we should call the lithotomy position) and her legs supported by two of my pupils who were allowed to be present, as a recompense for my trouble." (In my opinion there is no better technique, in the patient's interest, as well as that of the operator and of the two pupils. The late Professor De Lee of Chicago, known in the States as ,, No. 1 Obstetrician U.S.A.," wrote in a pungent editorial, " I can think of no better education in obstetrics than would come from holding parturient's legs during operation in all the prominent obstetrics clinics in the world. I would be able to write much better editorials.")

In Case 398, " The woman had been in labour several days. Mrs. Moore—whom I had taught and kept on purpose to attend all the labours with the pupils, in the teaching way—was first called, she had assembled about ten of the gentlemen." Later, Dr. Smellie was sent for and he " then had her brought to the foot of the bed, as there was more room than at the sides; two of the pupils supported her legs."

He also gave systematic lectures and operations were practised with the aid of a phantom which he had made and which was a great improvement on those used in other schools. He acquired a great reputation as a teacher, many hundreds of pupils, male and female. Some from the continent of Europe and the U.S.A. attended his courses between 1740 and 1759. In the latter year he retired to his native town of Lanark, where he died of " an asthma and lethargy " in 1763. In 1752 he had published his " Treatise on Midwifery," in 1754 a Collection of Cases and Observations in Midwifery and also a " Sett of Anatomical Tables to illustrate the Treatise." Finally, during his retirement, he finished the record of his life's work by preparing a third volume, on Preternatural Cases in Midwifery. This was published posthumously in 1764. These contain a wealth of unrivalled illustrative cases which never fail to impress the student. Professor Munro Kerr aptly says, " He was such an exact observer and pursued the practice of his art so assiduously, that he must have been a wonderful instructor. An equally high standard he aimed at in his writings—which are marked by a lucidity and

terseness which is most impressive. By his genius he is able to present particular cases as clear-cut clinical pictures. Even to-day they can be read with the greatest interest and profit."

Smellie had kept records from the early days of practice and he must have studied them again and again, adding comments and new observations as time went on, and as he himself says, losing no opportunity of acquiring improvement in knowledge and cheerfully renouncing those errors which he had imbibed in his early days.

Frequently in his writings he insists on the necessity for the student to witness as many cases of natural labour as possible, and under the guidance of himself or of one of his faithful midwives. Just picture for yourselves the valuable influence on the young pupil of that patient woman, Mrs. Maddocks—"a midwife whom I kept," he says, "on purpose to attend my patients in lingering labours."

But even after such experience the many difficulties of midwifery were not to be forgotten, and Smellie issued the warning "that students should never think themselves perfect; there were many things in midwifery which could only be learned by practice and observation: and that cases would sometimes occur which puzzle and foil the best practitioners."

Nature's resourcefulness is constantly referred to. In his Preface to the second volume: "From the instances of natural and tedius labour, the young practitioner will learn how to behave in the like occurrences and, above all things, to beware of being too hasty in offering assistance, while Nature is of herself able to effectuate the delivery." At the same time in every possible way Nature's efforts were helped by measures to relieve pain, or induce sleep, by suitable dietary, changes in posture, moral encouragement to efface fear, etc. The very presence of the man appears to have braced stricken women for the ordeal of an operative delivery. His fortunate pupils must have had endless opportunities of witnessing the master's careful attention to detail. He warns them against "whispering within earshot of a frightened patient"; to ensure quiet for a very ill woman he not only lays down rugs and silences bells and knockers, but actually oils the locks of doors. In a case of breech presentation in a very young primigravida he thought it advisable to stay in the house all night, but in order to avoid causing anxiety this was done "without her knowledge." In very cold weather the patient would be brought down to that part of the bed nearest the fireplace before she is put into the lithotomy position. It is interesting to follow the gradual development of Smellie's knowledge. This is made possible by the fact that in the majority of the case records the date of its occurrence is noted. Some of his old *pupils* used to send him accounts of cases in their own practices for his comments and criticism. The part he took in the development of midwifery forceps is well-known. He laid down rules for their use and warnings against premature use which have never been improved upon. After describing a case of premature interference, he writes, "The gentleman either from ignorance of his profession or hurry of other business, which last is a most shocking reason, did certainly act the part of a bad accoucheur." Severe censure this from a man who had written, "we ought always to judge on the charitable side, especially as none of us are perfect."

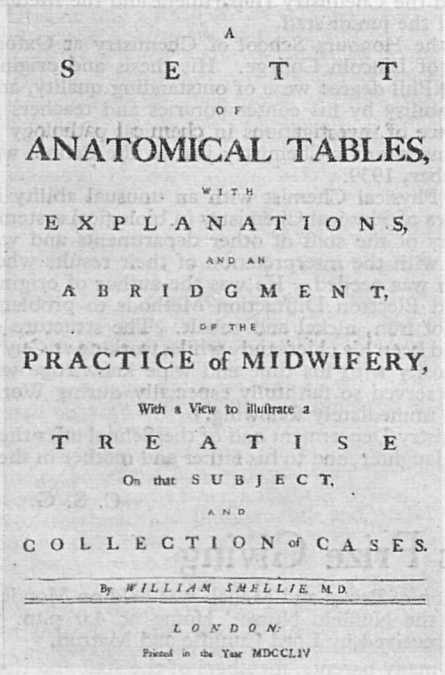
Occasionally Dr. Smellie was called in to settle disputes between midwives, even men-midwives in attendance on a woman in labour.

Finally I wish to refer to one of William Smellie's outstanding pupils, Robert Wallace Johnson, of London. He was responsible for the first recorded suggestion that the uterine incision for Cæsarean section should be made in the lower, and not the upper, part of the uterus.

He first hinted at a lower segment incision in the 1st Edition (1769) of his "A New System of Midwifery." In order to lessen the risk of blood and other fluid, liable to putrefaction, escaping into the peritoneal cavity (one of the chief causes of the terribly high mortality after the classical Cæsarean section), Johnson suggested that "could an aperture be made with safety at the bottom of the pelvis, when hysterotomy is performed, the probability of the mother's recovery would then, I think, be greater," he adds. "I must confess that I think it is hardly possible."

Later, in his 2nd Edition (1786), guided by consideration of some cases of rupture, during labour, of the lower segment of the uterus, he wrote, "I would have the incision made through the uterus *transversely* on its anterior side, as *near the cervix as not to injure the bladder* . . . and this aperture being made of sufficient largeness, then to pass the end of a male catheter through a puncture made in the membranes, to draw off the liquor amnii, etc.; so that an effusion thereof may not gush into the general cavity of the abdomen. If these few particulars are adopted . . . I should hope that better success would attend hysterotomy. As to their practicableness, I have consulted Mr. Hunter, and he admits them fully."

The remarkable present-day safety of Cæsarean section is largely dependent on the rise of the technique suggested by Wallace Johnson. There is no evidence to suggest that Johnson's proposal was ever put into practice until Adolf Kehrer of Heidelberg did so in 1882. In the report of his first case, Kehrer did not mention Johnson's suggestion, published nearly a hundred years previously. Had Johnson's book been widely read surely his suggestion would have been acted on much sooner?



A

S E T T

OF

ANATOMICAL TABLES,

WITH

EXPLANATIONS,

AND AN

ABRIDGMENT,

OF THE

PRACTICE of MIDWIFERY,

With a View to illuſtrate a

TREATISE

On that SUBJECT,

AND

COLLECTION of CASES.

By WILLIAM SMELLIE, M.D.

LONDON:

Printed in the Year MDCCLIV

Professor Miles Phillips, at the end of his lecture, to commemorate his visit, very kindly presented to the hospital, two volumes, "A Sett of Anatomical Tables" by William Smellie 1754, and "A Syllabus of the Lectures on Midwifery delivered at Guy's Hospital" (interleaved), by Dr. Haighton, 1811.

The title page of the former book is reproduced herewith.

Guy's Diary

OCTOBER—NOVEMBER

ACADEMIC

Oct.

25th. 1.00. Mr. Carter Braine. Clinical Lecture.
3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.
4.45. Dr. P. R. Evans. Postgraduate Lecture in Pædiatrics. "Diaphragmatic Hernia." Preclinical Classroom.
Exhibition. "Pathology of Primary Tuberculosis." Gordon Museum.

27th. 2.00. Dr. Marston. Postgraduate Revision Lecture in Anæsthesia. Clinical Theatre, Surgical Block.

28th. 1.00. Mr. Eckhoff. Clinical Lecture. "Hypospadias and other Congenital Deformities."
4.30. X-ray Meeting. Gordon Museum.
5.00. Mr. O. G. Morgan. Film. "Ophthalmology. (*a*) Your Children's Eyes; (*b*) Out of the Night; (*c*) Victory over Darkness."

29th. 1.00. Sir John Conybeare. Clinical Lecture. "Some Practical Points in the Management of Diabetes."
2.15. Combined Round. Preclinical Classroom.

Nov.

1st. Exhibition. "Dysphagia." Surgical Dept
3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.

2nd. 12.00. Dr. McArdle. Neurological Demonstration. Preclinical Classroom.
1.00. Mr. Blackburn. Clinical Lecture. "Thyrotoxicosis."

4th. 4.30. X-ray Meeting. Gordon Museum.

5th. 1.00. Dr. Hampson. Clinical Lecture.
4.30. Dr. Waterfield. Illustrated Hæmatology Lecture for Senior Students. Pathology Lecture Theatre.

6th. 1.00. Mr. Reading. Clinical Lecture.
3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.

OTHER ENGAGEMENTS

Oct.

24th. 10.45. Harvest Thanksgiving Service. Hospital Chapel.

30th. Rugby XV. *v.* Nuneaton. (Away).

Nov.

6th. Rugby XV. *v.* Old Blues. (H.O.P.).
Hockey XI. *v.* H.A.C. (Away).
Hockey 2nd XI. *v.* H.A.C. (H.O.P.).

Obituary

Dr. R. V. G. EWENS.

THE tragic and unexpected death on September 21st, 1948, of Ronald Victor George Ewens, at the age of 35, has deprived the Chemistry Department and the Medical School of a most valuable member of the junior staff.

Ewens took a First Class degree in the Honours School of Chemistry at Oxford where he was an Open Science Scholar of Lincoln College. His thesis and original investigation which gained for him the D.Phil degree were of outstanding quality, and Ewens was regarded as having unusual ability by his contemporaries and teachers at Oxford. After about one year's experience of investigations in chemical pathology at Oxford, Ewens joined the staff as Demonstrator in Chemistry just as the School was evacuated to Tunbridge Wells in September, 1939.

Ewens was a brilliant Inorganic and Physical Chemist with an unusual ability in explaining the applications of the principles of Physical Chemistry in biological systems. He was frequently consulted by members of the staff of other departments and was always willing to advise and help others with the interpretation of their results when a chemical or mathematical interpretation was needed. He was the author of original papers on the applications of X-rays and Electron Diffraction Methods to problems of the structure of complex compounds of iron, nickel and cobalt. The structure of complex gold and platinum compounds had been his chief study whilst working at Guy's.

His cheerfulness, kindness and generosity with his time and wide knowledge will be long remembered at Guy's which he served so faithfully especially during World War II and the period of reconstruction immediately following.

The members of the staff of the Chemistry Department and of the School offer their deepest sympathy to his widow and little daughter, and to his father and mother in their sorrowful bereavement.

C. S. G.

The Nurses Prize Giving

THE annual function of the Presentation of Prizes and Medals was held on Monday, October 11th. Tea was served in the Nuffield Nurses' Home at 4.0 p.m. to a large number of visitors who were received by Lord Cunliffe and Matron.

It was a great pleasure to welcome so many parents, members of the staff and their wives, and members of the Hospital Board of Governors. The gathering of colleagues and friends over a delicious tea was an admirable preliminary to the great event of the day. The Physiology Theatre kindly lent by Professor Spurrell was filled to overflowing.

Lord Cunliffe, Chairman of the Hospital Board, presided and in welcoming the visitors said that although during the past year great changes had taken place in the hospital world, the prize giving function appeared to be undisturbed. This implied the happy assurance that Guy's would always be Guy's.

Lord Cunliffe extended a very warm welcome to Miss MacManus and expressed the delight of all present at seeing her on this happy occasion.

The Sister Tutors presented their reports on the work of the past year. The Matron added her welcome to the Chairman's, saying how happy she was to welcome the nurses' parents and how much she appreciated the support of the medical staff. Matron gave a brief account of the aim of the nurses' training and of the history of the Cazenove Gold Medal which was to be presented for the first time since the beginning of the war. Mr. Doherty, Superintendent of the Hospital, said that he felt very much like the " new boy " on this occasion. He said that he had always had the greatest admiration for the nursing staff and that under the able guidance of Miss Smith, he would endeavour to be a worthy successor to Professor Johnston. Miss MacManus then presented the prizes to the nurses and the Cazenove Gold Medal to Nurse Thirza Swindells, for obtaining the highest aggregate marks in all the examinations and taking into account her record of practical work. The Butterworth Medal for seven years consecutive service was presented to Sisters F. Burke, J. Jarvis, E. McCann, M. Calvert, E. P. Johnson.

After being presented with a spray of flowers and a book by Nurse Swindells, Miss MacManus gave her address.

Miss MacManus said how glad she was to be back at Guy's and gave a brief resumé of her long association with the hospital. When she was a child she accompanied her uncle, Sir Cooper Perry, on his rounds of the Hospital and listened to him talking to

foremen of works and architects, and so from him she acquired much of her knowledge of hospital planning. She paid tribute to the work of Sir Cooper and Lady Perry.

Miss MacManus then talked of two kinds of prizes: the kind that she had just presented as awards for excellence obtained possibly after hard study and constant practice, and then the other prizes to which we are "free-born," "the lovely special things seen and experienced in life and nature."

After talking a little of her experiences in the British West Indies, Miss MacManus talked of the advantages of travel and of the fine work being done unobtrusively by nurses in other lands. She concluded by saying that the greatest prize a nurse could have was the gratitude of her patients and as she follows her profession at home or abroad she will gather these other special prizes to which she is "free born."

A vote of thanks was proposed by Nurse Hastings and seconded by Nurse Pound to Miss MacManus and to Lord Cunliffe.

F. T.

Correspondence

The Family Doctor

SIR,—As a former Guy's man, may I be permitted to congratulate you on your greeting of the new students for the new academic year in the latest Passim. Every word you say reveals the correct attitude to be taken, often only realised by many towards the end of their studies. Students preclinical and clinical, will do well to digest all you have said, and I am sure all who have passed through will agree that such a far-sighted account as this will serve to deepen and strengthen the young student's ambition to be a good doctor.

As one who has known "private practice" for many years and the full responsibility of the personal and family physician, I was inevitably arrested by one of your concluding statements—"to be a servant of the State." This to so many of us now I know means loss of distinguished individuality and perforce interest. Before July, private patients from infancy onwards were fully examined, investigated and treated, often in close collaboration with the appropriate specialist privately or publicly—the general physician maintaining his responsibility and continual watch and influence as family doctor. Now this position no longer exists. To maintain the same income it is necessary to have literally thousands of patients on one's State list, so members of the family now find themselves attending hospital out-patients departments with every other person, from where, after investigation, diagnosis and treatment, the patients are perhaps eventually returned to the family physician, who now reads at second-hand of the account of the illness. Further this now occurs with every illness beyond the most trivial. The forecast that general practice under the State would deteriorate into becoming a signpost to the nearest hospitals and a certificate business has come true for many to-day. I suppose our Minister of Health must definitely think this change to be a good thing; but at least to one who has known of the highly honoured and confidential position held by the family physician, these changes have caused a profound alteration in this position. I can but sincerely hope that the advent of the Health Centres will tend to restore the position, and that time and experience will modify greatly so much in the service.

Yours sincerely,
R. S. ELLIS-BROWN.,

569, Upper Richmond Road,
Richmond, Surrey.

Longevity of A. duodenale

SIR,—Some time ago, from the bowel of a gentleman who returned from Assam five years before to this country (where he has been ever since), I recovered enough A. duodenale to provide a large class with specimens.

To-day, I saw an ex-officer who returned from Siam to this country three years ago and has been here ever since, who has quite a heavy infestation of the same parasite.

(*a*) Can ankylostoma breed and multiply in the gut?

(*b*) How long can they live after removal from an endemic area?

There is no question of re-infestation. It could not have occurred. I shall be grateful for the opinion of helminthologists.

I am, etc.,
EL HAKIM PASHA.

List of Entries

1st YEAR STUDENTS.

Name and School.

*Anderson, G. H., Wyggeston Grammar School.
*Anderson, J. B., Simon Langton School, Canterbury.
Atkinson, A. H., Cheltenham College.
*Barszczewski, W., High School, Lublin, Poland.
*Bartley, V. H., Rishworth School, near Halifax.
*Bellsham, Audrey J., James Allen's Girls' School, Dulwich.
Broome, J. D., Tonbridge School.
Caldwell, I., Whitgift School, Croydon.
*Chilvers, C. D., Churcher's College, Petersfield.
*Davies, D. J., Llandovery College.
*Dawson, B. C., St. Andrew's College, Grahamstown, S. Africa.
Evans, Sheila F., Cheltenham Ladies' College.
Gie, M. C., St. George's Cathedral Grammar School, Cape Town, S. Africa and University of Cape Town.
*Gill, D. C., Allhallows School, Rousdon, Devon.
Gill, J. F., Devonport High School.
Graham, A. C., Harrison College, Barbados, and McGill University.
Gregson, D. L., Berkhamsted School, Herts.
*Haydon, R. Mc.S., Sir James Smith's Grammar School, Camelford.
*Honey, D. P., Howard Gardens High School, Cardiff.
*Howells, K. E., Newport (St. Julians) High School, Monmouthshire.
*Jenkins, P., Ellesmere College, Shropshire.
*Klee, D. W. S., Dulwich College.
Kremer, G. W. M., King Edward VI School, Southampton.
Lewis, J. V. V., Dulwich College.
*Lowings, K. L., Chatham House County School, Ramsgate.
*Lund, W. S., Nautical College, Pangbourne.
McCauley, H. R. B., Hamilton Technical College, Waikato, N.Z., and Auckland University.
*Middle, G. B., Cheltenham College.
*Morton, O., Dr. Challoner's Grammar School, Amersham.
*Nicholson, T. W., Abbotsholme School, Rocester, Derby.
Ofomata, D. B. A., Dennis Memorial Grammar School, Ouitsha, Nigeria.
*Oldfield, D. L., Archbishop Temple's Central School, Lambeth.
*Oliver, Barbara K., Notting Hill and Ealing High School.
Pearson, A. J., Richmond School, Yorkshire.
*Pollock, J. A., Brighton & Hove Grammar School and Brighton College.
*Reynard, E. G., Stowe School, Buckingham.
*Riddolls, H. W., Worksop College, Notts.
Sadler, Mary J., Hove County School.
Shaheen, O. H., The English School, Heliopolis, Cairo.
*Smithson, D. L., Bancroft's School, Woodford Green, Essex.
*Stack, P. S., St. Edmund's College, Ware.
*Steinbach, A. D., Loretto School, Musselburgh.
Surtees, Mary D., Beehive School, Bexhill-on-Sea.
Thompson, R. C. C., Bedford School.
*Todd-White, R. A., Forest School, near Snaresbrook, E.17.
*Tomlin, E. E. D., Whitgift School, Croydon, and University College, Oxford.
*Withers, A. P., Hastings Grammar School.
*Younger, C. F., Colfe's Grammar School, Lewisham.

* *Ex-Service or Work of National Importance.*

2nd YEAR STUDENTS.

Name and School.

*Anderson, B. L., Haberdashers' Aske's (Hatcham).
Bellam, Lesley P. D., High School for Girls, Chichester.
Biddle, F. A. F., Tonbridge School.
Bissoon-Dath, H. R., St. Mary's College, Trinidad, B.W.I., and McGill University, Montreal.
*Breese, D. W., Bromley County School.
*Bullen, J., Wallington County Grammar School.
*Clarke, G. J. R., Brighton College.
Daly, J. R., Royal Masonic School, Bushey, Herts.
*Dawson, D. C., Taunton School.
*Endean, Joan, Maiden Erleigh School, Reading.
*Forbes, Sheila M., Denmark Road High School for Girls.
*Francis, R. C., St. Edward's School, Oxford.
*Hutchings, D. H., Kingswood School, Bath.
Jemson, J. A., Epsom College.
*Levene, M. M., Whittingehame College, Brighton 6
Longmore, D. B., Sir Roger Manwood's Grammar School, Sandwich.
*McKenna, J., Gunnersbury Grammar School, W.3.
Money, G. L., Methodist Boys' High School, Lagos, Nigeria.
Munford, Sylvia F., Bedford High School.
*Ness, M. A., The Grammar School, Farnborough.
*Norell, J. S., South Devon Technical College, Torquay.
Ordish, Pamela M., Notting Hill & Ealing High School.
*Partridge, Helen L., The Godolphin & Latymer School.
*Phillips, Nancy M., Christ's Hospital, Hertford.
*Purser, Margaret J., Ribston Hall High School, Gloucester.
*Roe, A. A., King's College School, Wimbledon.
*Scott, K., City of London College.
Tuddenham, A. D., Epsom College.
*Watts, R., Dulwich College.
Whitney, Dorothy J., High School, High Wycombe
*Willis, J. H. P., Stonyhurst College, near Blackburn
Zilkha, K. J., Baghdad and Norwood Technical College.
*Halamandres, N. M., Witwatersrand University.

* *Ex-Service or Work of National Importance.*

PRE-MEDICAL STUDENTS.

Name and School.

*Airey, W. F., King Williams College, Isle of Man.
*Allen, B. H., Xaverian College, Manchester 14.
Antscherl, F. W., Cheshnut Grammar School.
*Aust, J. H., Ealing Technical College.
Awty, M. D., Newport Grammar School, Isle of Wight.
*Baker, H. F. A., The Perse School for Boys, Cambridge.
*Barr, R. B. A., Mayfield College, Sussex.
*Baynon, D. J., Caterham School.
*Benson, A. L., Berkhampstead School.
*Blinkhorn, J. E., Lister Drive School, Liverpool.
*Cartwright, A. W. G., Bedford School.
*Cranfield, J. C., Hitchin Grammar School.
Davies, P., Diocesan College, Rondebosch, S. Africa.
*Evered, V. C., Windsor House School, Slough.
Fawkner, D. P., Oundle School.
*Hill, H. A., Holy Trinity School, Chelsea.
Hills, N. J. S., Bishop's Stortford College.
*Howells, W. J., Neath Grammar School.
*Ibbett, R. C. M., Cranbrook School.
Jack, S. C., University College School, N.W.3.
*Lewis, Edwin G., Ystalyfera Grammar School.
Lewis, Ernest G., Wycliffe College, Stonehouse, Glos.
*Lewis, S. A., Pontllanfraith Grammar School.
*Lindsey, D., Caterham School.
*McGuckin, P. A., Wimbledon College.
*Middleditch, D. M., Selhurst Grammar School, Croydon.
*Osmond-Smith, H. D. O., Christ's Hospital.
*Pearson, G., Mansfield Grammar School.
Pereira, Lorna M., Queenswood, Hatfield.
*Pike, J. F., Emanuel School, S.W.11.
Richards, F. L., Saint Illtyd's College, Cardiff.
*Sims, W., Shoreditch Central School.
*Sonfield, F., Berkhampstead School.

*Strupp, W., Kingham Hill School, Oxford.
Webber, Margaret A., Wentworth College, Bournemouth.
*Willis, P. G., Ealing Priory School.
*Young, J. F. H., Mansfield Grammar School.

1st B.D.S.

Carruthers, Mary C., Hunmanby Hall, near Filey, Yorks.
Cautley, J. M., Douai School, Reading.
*Cheeseman, L. J., Wallington County School.
Cowley, G. W., King Edward VI Grammar School, Chelmsford.
Cumming, P. L., King's School, Rochester.
Cummins, Helen C., Ruyton Girls' Grammar School, Melbourne, Australia.
Farrell, R. H., Berkhampstead School.
*Goriah, W., New Eton College, Mauritius.
Hauldren, I. M., Isleworth County Grammar School.
*Jephson, A. F., Chesterfield Grammar School.
Kanaar, Shirley M., St. Winefried's High School, S.E.23.
*Lipington, D. M., Wilson's Grammar School, Camberwell.
*Lunn, E. W., Manchester Grammar School.
*Pollock, A. N., Brighton College.
*Sheppard, M. M., Frimley & Camberley County School.
*Smith, P. S., Framlingham College, Suffolk.
*Stephenson, J. C., Giggleswick School, Yorks.
*Taylor, D. R., St. Albans School.
*Vowles, C., Epsom College.
*Wellham, K. R. R., Tollington Boys' School, N.10.
*Wicker, D. J., Sudbury Grammar School.

1st L.D.S.

Name and School.
*Bromwich, L. R., Bishop Vesey's Grammar School, Sutton Coldfield.
*Cameron, J. M. G., Merchant Taylors' School, Moor Park.
*Dixon, K. R., Seabright School, Kidderminster and Western School, Shanghai.
*Dixon, M. F., Tonbridge School.
*Dunn, J. A. G., Oundle School.
Gresham, J. E., Hamilton High School, N.Z.
*Howard-Kyan, G., Downside School and Christ's College, Cambridge.
*Kettle, R. G., Kingston Technical College.
Lopian, J., Churcher's College, Petersfield, Hants.
*O'Flynn, D. H., Roan School for Boys, S.E.10, and Hastings Grammar School.
*Orme, A. G., Mundella School, Nottingham.
*Park, R., Cheltenham College.
Reading, W. F., King Edward VI School, Stourbridge.
*Richardson, D. R., Alleyns School, Dulwich, and Ardingly College.
Sharp, R., South Shields High School.
*Sheppard, J. C. J., Norwood Technical Institute.
*Southgate, P. J., Isleworth County School.
*Tucker, G. H., Kilburn Grammar School.
*Wade, G. E., Varndean School, Brighton.
*Watson, W. H., Ratcliffe College, Leicester.
*White, C. W., Swanage Grammar School.
*Willcocks, R. W., Christs' College, Finchley.
*Williams, G. M. J., City of London School.
*Woolf, M., West Ham Municipal Secondary School

2nd B.D.S.

*Clark, D. L. H., Coopers' Company's School, London.
*Maggs, G., Dynevor School and University College Swansea.
*Owen, C. B. H., Aberdare County School and West Monmouth Grammar School.
Picton, D. C. A., Tiffin Boy's School, Kingston.

* *Ex-Service and Work of National Importance.*

GUY'S HOSPITAL MEDICAL SCHOOL.

October, 1948.

CLINICAL PERIOD OF STUDY.

Clinical Period of Study.
*Bishop, L. J., All Saints', Clifton, Bristol University and St. Johns' College, Cambridge.
Blower, A. P., Charterhouse and Trinity College, Cambridge.
Briggs, J. A. D., Tonbridge School and Christ's College, Cambridge.
Bufton, W. A. J., Leominster Grammar School, Chelsea Polytechnic and FitzWilliam House Cambridge University.
Burns, N. P., Alcester School and Queens' College, Cambridge.
*Compton, M. S., International School, Geneva, Cape Town University and Magdalen College, Oxford.
Davies, W. G., Wrekin College, Wellington, Shropshire and Pembroke College, Cambridge.
Davison, G. B., Tonbridge School and Magdalene College, Cambridge.
Fairley, A., Rhodes University College, Grahamstown, S. Africa, and Magdalene College, Cambridge.
France, R. D., Stockport Grammar School and Magdalene College, Cambridge.
Francis, H. W. S., Queen Mary's Grammar School, Walsall, and FitzWilliam House, Cambridge University.
Gill-Carey, M. C., Cranbrook School, Sydney, N.S.W. and New College, Oxford.
Greaves, P. S., Bishop Veseys Grammar School Sutton Coldfield, and FitzWilliam House, Cambridge University.
Kerr, I. H., Oundle School and Clare College, Cambridge.
Lubel, M. M., Gellygaer School for Boys and Welsh National School of Medicine, Cardiff.
Marmery, V. J., Lewes Grammar School and FitzWilliam House, Cambridge University.
Parker, W. N. B., Charterhouse and Cambridge (Trinity College).
*Sharp, G. E., Poole Grammar School and Cambridge (Trinity College).
Stacey, E. J., Hurstpierpoint College and Christ's College, Cambs.
Taylor, G. A., Wyggeston Grammar School, Leicester, and Trinity Hall, Cambridge University.

* *Ex-Service or Work of National Importance.*

War Memorial Appeal

DONATIONS RECEIVED UP TO 30th SEPTEMBER, 1948.

£100.—Mason, T. A. £50.—Whitbread, P. £30.—Mollison, W. M. £25.—Askew, S. B. £15.—Morgan, O. G. £10 10*s*.—Boland, E. R.; Campbell, Maurice; Gibberd, G. F.; Hutchinson, M. L.; Loretz, P. H.; Marshall, G.; Stead, G. £10.—Barclay, R. W.; Cooper, Sir George; Cunliffe, Lord; Davies-Colley, R.; Ensor, A. G.; Rushton, M. A.; Spurrell, W. R. £5 5*s*.—Baker, C.; Barber, H. W.; Bishop, P. M. F.; Bulleid, W. Allen and Arthur; Carruthers, N. S.; Fisher, W. H.; French, H.; Galbraith, D. H. A.; Gallagher, C. E.; Gill, W. G.; Helliwell, P. J.; Hoby, H. J.; James, H. L.; Kidman, G. E.; Medlock, C. H.; Mutch, N.; Pern, L.; Ramsden, W. M.; Read, B. L.; Ripman, C. H.; Shipway, F. E.; Tanner, W. E.; Westlake, H. J. W. J.; £5.—Atkins, H. J. B.; Batchelor, J. S.; Benson, C. E.; Doherty, W. D.; Hallinan, W. M. C.; Hudson, E. H.; Jones, J. G.; Lane-Roberts, C.; Luke, Rt. Hon. the Lord; Ogilvie, W. H.; Shelton, H. L.; Slesinger, E. G.; Stewart, B. H.; Symonds, C.; Tiarks, F. C.; Wallis, W. E.; Wass,

S. H.; Whitburn, C. W. S. £4 4*s*.—Sidebotham, Traill, Micklem & Sidebotham. £3 3*s*.—Bayles, O. H. E.; Bhanji, R. H.; Booker, F. G.; Breen-Turner, J.; Clark, J. V.; Cope, R. W.; Curnow, R. N.; Dowling, G. B.; Erskine, D.; Evans, P. R.; Glover, F. S.; Goldie, E. G.; Harris, T. A. B.; Kendrick, H. D.; Lloyd, E. T.; Lloyd, G. H. T.; Munden, M. M.; Pritchard, G. B.; Pryn, R. H. C.; Robinson, E.; Rycroft, E. C.; Steinbach, H.; Wren, I. C. L. £3.—Skeels, P. B. £2 2*s*.—Allsop, C. B.; Benjamin, T. G.; Biggam, A. G.; Blaikley, J. B.; Bowen, W. H.; Cameron, H. C.; Campbell, A. M. G.; Coplans, M.; Crook, A. H.; Crook, F. W.; Curtis, Turner & Farris; Davies, D.; D'Rosario, W. J.; Evans, D. I.; Farmer, F. J.; Fisher, T.; Fortescue, D.; Gabbe, L.; Glass, F. H.; Hagger, C. I.; Halamandres, C.; Hayes, R. H.; Holman, J. C.; Howell, J.; Hudson-Evans, C. J. and M. L.; Ide, L. H.; Iredell, C. E.; Ive, O.; Jemson, J.; Jerwood, B. E.; Johnson, C. H.; Jones, J. E.; Kenshole, H. H.; Lewin, G.; McAlpin, K. F.; Mitman, M.; Moore, J. K.; Morris, I. B.; Morsman, R. A.; Northfield, D. W. C.; Patterson, R. M.; Payne, W. W.; Pearson, B.; Phillips, C.; Picken, C. B.; Plowman, R. D.; Pritchard, G. P.; Read, W. D. B.; Richardson, P. L.; Roberts, A. T. M.; Robinson, H. D.; Sams, V. S., Jnr.; Sayle, E.; Schollum, J. W.; Simons, J.; Southam, K. S.; Steel, L. A.; Stephens, P. M.; Summerskill, W. H.; Thomas, R. G.; Thompson, A.; Tomes, E.; Tregarthen, J. C. T.; Vertue, H. St.H.; Walter, K. H.; Walston, H. D. £2.—Bookless, A. S.; Bowes, E. S.; Edwards, C. D.; Eskritt, F. K.; Fry, I. K.; Kinder, C. H.; Kingsley, M.; Norton, E. L.; Nunn, G.; Oliphant, G. W.; Shaw, M. £1 15*s*.—Keay, J. C.; £1 10*s*.—Davies, P. M.; Morrant, G. A. £1 1*s*.—Alexander, P. C.; Andrews, R. A.; Atkinson, C. Hewitt; Barbour, T. L.; Beith, I. H.; Bensted, J. P. M.; Besterman, E.; Bevis, A. W.; Bradbeer, W. G.; Bradbury, J. C. O.; Brain, F. H.; Braithwaite, J. V.; Bronsdon, N. P.; Buckler, F. R.; Campbell Young, J.; Camps, P. W. L.; Cautley, R. L.; Chadwyck-Healey, C. A.; Clark, J. E.; Clark, Thos. L.; Coates, K. R. J.; Cole, P. P.; Cole, C. K.; Colls, D. A.; Costobadie, V. A. P.; Cowles, H. C.; Craft, J.; Davies, A. S.; Dawson, D. C.; Delafresnaye, J. F.; Dick, F. A.; Donnell, J. H.; Doherty, J. W.; Doyle, A. E.; East, W. N.; Ellis, G. G.; Elphicke, G. B.; Evans, J., Farmer, E. F.; Fooks, A. A. W.; Forbes, J.; Forrest, J. E.; Fox, T. F.; Freezer, C. R. E.; Garland, J. O.; Gillham, N. E.; Griffiths, J.; Gripper, G. D.; Gullick, D. L.; Hacon, W. S.; Halliday, J. H. G.; Hart, R. D. C.; Hawes, W. A.; Hibbins, W. R.; Hodgson-Jones, I. S.; Hodgson, H.; Hopkins, P.; Hunt, B. W.; Hyslop, A. L.; James, J. R.; Jenkins, C. M. M.; James, C. H.; Kemp, M. R. C.; Knight, A. H.; Kynaston, R. U. F.; Lea, J. M.; Lester, L. L.; Lewis, J. W.; Llewellyn, O. P.; Lumley, F. D.; McCombie, F.; Macfarlane, D. W.; Mackeith, N. W.; Maclean, K. S.; Mandel, L.; Manners, F. D.; Martin, J. N.; Martin, L. G. C.; Miller, W. H.; Millett, H.; Milton, W. T.; Munro, I. A. H.; Nightingale, A.; Partridge, W. L.; Patel, A. R.; Phillips, D. E. S.; Phillips, R. M.; Popplewell, J. R. F.; Post, H. W. A.; Potter, F. O.; Priestley, D. A.; Ralston, G. E. A.; Reid, E. V.; Rivers, A. T.; Rix, R. H. and Robertson, A. D. W.; Rugg-Easey, D. L.; Rushbrooke, S. A. W.; Sandoe, J. W.; Saunders, D. R. S.; Saunders, S. M.; Scowby, E. T.; Scott, P.; Sherris, C.; Sickelmore, F. A.; Sloane, P. A.; Smith, W. H.; Spencer-Smith, T. H.; Spicer, A. H.; Steele-Perkins, G. S.; Steele-Perkins, I. H.; Steward, T. D.; Stevens, J. G.; Stone, D.; Taylor, A.; Gibbs, Thomas J. D. S.; Thompson, A. R.; Tilley, R.; Tregarthen, G. G. T.; Tuck, R. W.; Tucker, E. J.; Turner, C. W.; Vine, R. S.; Walker, A. J.; Wandless, D. J.; Warner, R. G. H.; Wheeler, S. J.; Wallis, E. W.; Watkin, P. J.; Wedgwood, J.; Willcock, R. D.; Williams, P. H.; Williams, S. I.; Wilson, O. R. L.; Young, F. L. D. £1.—Beale, A. J.; Caldecott, F.; Clive, G. S.; Coleman, J. Jordan; Cowell, R. Groves; Crabb, H. S. M.; Davies, A. G. C.; Dawe, C. H.; Deuchar, J. L.; Eminson, R. N. M.; French, J. M.; Girling, H.; Groom, J. L.; Hind, A. W.; Kirkman, A. H. B.; Oppe, T. E.; Parkinson, A. C.; Reckitt, V. B.; Reinhold, C. H.; Roper, R. S.; Young, F. R. M. 10*s*. 6*d*.—Blackmore-Reed, C. P.; Corfe, F. N.; Davies, C. L.; Day, F. W.; Dyke, W. R.; Griffin, L. B.; Hudson, J. A.; Lewis, S. E.; Meacock, S. P.; Noott, G.; Pink, S. C. J.; Ribet, L. P.; Rose, J. S.; Sichel, G. R. McK.; Stuart, J. A. W.; Vale, A. T.; Wright, D. 10*s*.—Bell, S. J.; Cripps, N.; Dominick, J. C.; Flory, C. H.; Jones, J. H.; Kolapore, F. J.; Leggett, L. J.; Sams, V. S.; Thomas, A.

Sport

RUGBY FOOTBALL

GUY'S *v.* ABERAVON

at Aberavon. Lost 20—0.
9th October, 1948.

After last week's game against United Services the Hospital were very disappointing indeed. Aberavon turned out a very strong side, but the Hospital had to make one change owing to the absence of A. A. Bailey, the scrum half. Guy's forwards more than held their own and obtained a larger share of the ball in the tight scrums, but backs however seemed unable to make any impression on the Welsh line and except on one occasion did not look like scoring.

On several occasions during the first 15 minutes, Aberavon were very near to the Hospital line, and it was only very determined defensive play by B. M. Gray and D. le Clus which prevented a score. However, the Welsh were not to be denied and following a clearance kick which was charged down, McCarley pounced on the ball to score an unconverted try. Time and again the Aberavon centres broke through only to be halted by Cremin, Bellis and Keller. Two more unconverted tries were obtained to make the score at half-time 9—0.

The second half opened with Guy's forwards playing harder than ever and from a quick heel the Hospital's only real moment of the match was initiated. D. le Clus joining the line from his full back's position made an overlap which broke through the Welsh defence, but an unfortunate knock on five yards from the line prevented a try. Before the finish, Aberavon scored three more tries, one of which was converted.

Words of praise can only be given for the defence work of Macrae Gibson, Gray and D. le Clus, and for the general untiring efforts of the forwards.

GUY'S *v.* BEDFORD

at Bedford. Lost 3—8.
15th October, 1948.

To-day proved to be the first wet day of the season and revealed inadequacies in the team previously unnoticed.

Brunow—absent through injury—was replaced by Baker and Heber and Parks for Gray and Albers were the only changes.

The rain stopped as the teams came out and immediately Bedford's forwards went into the attack with a dribble checked only on our line. Four penalties in quick succession left the teams in no doubt as to who was in charge of the game, and we must congratulate Arthue Rees on one of the best feats of refereeing I have yet seen.

The Bedford pack were all over us at this stage,

and soon from a quick heel the ball went to Oakley who although at least four people laid hands on him reached the line to give a forward up in support an easy try. Five minutes later, following a clever pick-up, he himself scored and so Bedford were 8 points up in 15 minutes.

Guy's never recovered from this deficit. The tight scrums looked good and comfortable—the heeling extremely efficient but whether wheeling or having it out little ground was made.

Half-time came with no further score.

More life was in the Guy's team after the break, and Baker attempting a drop goal sliced to the corner flag where Heber beat the full-back for the touch down.

After this the zip went from the game and only bad handling on both sides can be blamed for this. D. le Clus at full-back played one of his best games for Guy's, and Keller—ubiquitous as ever—and Rademan took the honours forward.

Fitness and team work are the keynotes of the game: at the moment they appear to be lacking but we look forward to a speedy improvement in these points.

HOCKEY CLUB

GUY'S *v.* NATIONAL PHYSICAL LABORATORIES

at Teddington. Won 7—3.
Saturday, October 9th.

The Hospital began the season well with a deserved victory.

Although there was evidence of the weakening effect of a season's respite from the game, the Hospital showed better speed on to the ball and more keen tackling. This, together with a combining forward-line, gave them more of the play and resulted in three goals before and four after the interval. Earl (3), Blake (2), and Opie and Hodson (1 each) were the scorers. The last-mentioned was perhaps the most spectacular goal of the match, being hit at speed from an acute angle on the edge of the circle and soaring into the far top corner of the net. One or two N.P.L. forwards were unlucky not to finish some enterprising movements.

There was, however, a marked tendency to hit hard without first looking for a man. "Look before passing" remains a maxim which must be practised more often by all.

Other results.—2nd XI., Guy's 1. N.P.L. 0.
3rd XI., Guy's 1. N.P.L. 3.

GUY'S *v.* CENTRAL Y.M.C.A.

at Mortingham. Won 12—0.
Saturday, October 18th.

The home team were no match for the Hospital who showed themselves to be superior in every way. Mention should be made that the Y.M.C.A. are now fielding a much weakened side, with only four of last season's stalwarts left.

The Guy's defence played well to render harmless all attempts by the opposing forwards to test Walker in goal. Our forwards, with good support, did the rest. Rarely do all the forwards score in a match, but this was the case here, with Earl (4), Opie (3), and Blake (3), making the most of their chances.

ASSOCIATION FOOTBALL CLUB

A.F.A. SENIOR CUP—1st PRELIMINARY ROUND

GUY'S *v.* OLD TOLLINGTONIANS

at H.O.P. Lost 1—5.
Saturday, 2nd October, 1948.

Guy's opened the season in most unconvincing fashion and were deservedly beaten, though the score flatters the victors superiority.

The defence were easily manœuvred out of position and the forward line showed none of the penetration we were accustomed to see from it last year, though it had many opportunities in the first half.

Skaith scored Guy's goal shortly before the final whistle when our opponents had the game well in hand.

Team: A. H. Whitaker, D. G. Matthews' P. J. Holloway, D. Harris, D. Lippington, P. A. Swift, I. Singer, D. E. Sturdy, R. Skaith, N. I. Lewis (Capt.), P. H. Prentiss.

GUY'S *v.* GOLDSMITH'S COLLEGE

at Bexley Heath. Won 1—0.
Wednesday, 6th October, 1948.

The usual close encounter we have come to expect from this annual game with Goldsmith's College, materialised again this year. Guy's should have been in an unassailable position by the interval, but a series of unaccountable misses kept the score to 0—0. Early in the second half Lewis scored with a fine long range shot, and Guy's continued to press until ten minutes from time when Goldsmiths staged a fighting finish, and the defence sighed with deep relief at the no side whistle.

This was a much better display than the previous Saturday. The rearranged defence played much more cohesively whilst the attack with the left wing of Lewis and Swift starring were impressive until it was time to finish off some excellent approach work.

Team: A. H. Whitaker, D. Lippington, V. J. Rice, D. G. Matthews, J. C. Leckie, D. Harris. H. Prentiss, D. E. Sturdy, A. Fearn, N. I. Lewis (Capt.), P. A. Swift.

SOUTHERN AMATEUR LEAGUE

GUY'S *v.* NATIONAL PROVINCIAL BANK

at Beckenham. Lost 1—3.
Saturday, 9th October, 1948.

This game marked the entry of Guy's into League football, and it should be recorded how fortunate we consider ourselves to have been accepted into the excellent company of the Southern Amateur League.

We were disappointed not to have marked the occasion suitably with a win. However the team in no way disgraced itself, and our confidence that we can more than hold our own in this higher company is not unfounded.

Guy's with the strong sun behind them missed numerous first-half opportunities. N. P. Bank's strong defence was beaten on many occasions but the chances were not accepted, and the Bank were first to score a scrambling goal following a breakaway.

Guy's immediately equalised in like fashion with a goal from Fearn, and despite having the better of the ensuing exchanges, Guy's could not add to this score.

The second-half opened with our opponents still on the defensive, but after twenty minutes the wing halves lost their grip on the game and only some stout defensive work by Holloway, Young and Lippington, enabled Guy's to hold out to within five minutes from the end when a speculative centre cum shot from the left winger deceived Whitaker. With the last kick of the game the Bank increased their lead from the penalty spot.

Special mention must be made of the impressive début of newcomer Young. His strong game at centre half was the most welcome feature of Guy's display.

Team: A. H. Whitaker, D. Lippington, P. J. Holloway, D. G Matthews, F. Young, D. C. Harris, R. Skaith, D. E. Sturdy, A. Fearn, N. I. Lewis (Capt.), J. Bentley.

SOUTHERN AMATEUR LEAGUE

GUY'S *v.* OLD LYONIANS

at H.O.P. Lost 1—3.

Saturday, 16th October, 1948.

Guy's again disappointed in this their first "home" league game, which closely followed the pattern of the previous Saturday's fixture. Guy's dominated the opening half to such an extent that Whitaker had but one shot to save in the first forty-five minutes. The territorial advantage gained was not turned to account despite the promptings of Lewis and Matthews, and the best scoring efforts were made by the latter playing right-half, and full-back Lippington.

Old Lyonians opened the scoring shortly after the resumption, from a penalty given for a debatable decision of hands. Play now livened considerably and the encouraged Lyonians were much more in evidence. They scored again with a good shot from their inside right (a S.A.L. representative player). Guy's hit back with an opportunist goal from Newton making a welcome reappearance in the side, and strove hard for the equaliser, but a goal by the same inside right to complete a fine hat-trick made the game safe for our opponents shortly before the end.

Honours were again taken by the defence, but when the attack find its last year's shooting boots, an improvement in results will soon be evident. It is expected that the return of Leckie at present injured will bring about this improvement.

Team : A. H. Whitaker, D. Lippington, P. J. Holloway, D. G. Matthews, F. Young, D. C. Harris, A. Fearn, E. M. Newton, D. E. Sturdy, N. I. Lewis (Capt.), P. A. Swift.

GUY'S HOSPITAL SAILING CLUB

During the past season the membership of the club has increased to 30, and each week-end Guy's have been well represented at the United Hospitals Sailing Club at Burnham-on-Crouch.

The seven 16-foot dinghies have provided excellent sailing, being stoutly built for cruising yet fast enough for good racing. Races were held each Saturday, and Sunday cruises up the Crouch and Roach rivers provided good opportunities for sailing, swimming and even fishing.

Inter-Hospital Races.

Guy's have taken part in 5 races for the Inter-Hospitals Cup, 7 hospitals being represented in each, and have secured 3 firsts, a second and a third. The positions for the Cup have yet to be announced but we hope to be fairly high on the list.

The Club has also been regularly represented in the Inter-Hospital Spoon Races.

Crew : B. H. Wilshire, J. W. Bradbeer, P. B. Poole. R. Harper, J. R. Rees, and L. M. Davies have also crewed for the Hospital.

Burnham Week.

Racing against the Burnham Sailing Club with 17 starters each day, none of the hospitals' boats could get a better placing than 9th. This state of affairs was due to the superior condition of the town boats as well as to the better helmsmenship of our opponents.

Guy's positions in the United Hospitals fleet were two seconds, two thirds, and a fourth.

Crew : J. W. Bradbeer, J. Lindsay, R. Harper.

The Commodore, Sir Heneage Ogilvie, took the helm on September 7th and gained a second place. On each of the other days he raced his "Sharpie" and gained one first.

Basil Wilshire raced his "Merlin" in the Class B Handicap and secured 3 firsts and a second.

GUY'S TABLE TENNIS CLUB

This season the club will meet in the lower room of the "Spit" cafeteria on Tuesday and Thursday evenings at 5.15 p.m., and Saturday evening at 7.0 p.m., commencing as soon as the floor has been resurfaced.

The Annual General Meeting is to be held on Monday, October 25th, at 1.0 p.m. in Classroom I. it is most important that all students, especially newcomers, who are keen to take this sport seriously should attend this meeting. As during the coming season, a team is competing in the South London League.

The conditions for play are of a fairly high standard, and it is hoped that in the near future a second table will be brought into play. All who are interested are strongly urged to give their utmost support to this, Guy's youngest Club.

Any further enquiries should be made to the Club Secretary, D. London, via the letter rack.

THE BLUES COMMITTEE

A meeting of the Blues' Committee was held on Tuesday, 12th October.

The following were awarded Blues and Half-Blues subject to the approval of the Clubs' Union Council :—

CRICKET CLUB.

Full Blues : P. S. B. Russell, M. C. Gilbert.
Half Blues : J. F. Woodford, G. W. Scott, H. R. Prentice, D. Blake, A. H. Whittaker, T. Smith.

TENNIS CLUB.

Full Blue : E. S. Searle.
Half Blues : C. H. Opie, J. Annan, P. R. Chalk.

RIFLE CLUB.

Full Blues : J. D. Morris, B. L. Whittaker, D. J. Cliffe.
Half Blues : B. L. Bisley, A. G. P. Jennings.

FENCING CLUB.

Half Blue : J. H. Wilson.

ATHLETIC CLUB.

Full Blues : D. le Clus, G. A. E. Baker, G. G. Gregg
Half Blues : T. G. Thomas, T. G. L. H. Bellis.

JOHN D. WILLIAMS,
Hon. Sec. of the Blues' Committee.

Hospital Information, etc.

NOTICES

DEPARTMENT OF CLINICAL PATHOLOGY

Applications are invited for the appointment of *Chief Assistant to the Department of Clinical Pathology*, to start as soon as possible. Salary £800 per annum plus superannuation, payable half by the Hospital and half by the School, plus family allowance on the School proportion of the salary. Forms of application obtainable from the Dean, with whom they should be lodged not later than 28th October, 1948.

Applications are invited for the appointment of *Assistant Clinical Pathologist*, to start as soon as possible. Salary £550 per annum plus superannuation, payable half by the Hospital and half by the School plus family allowance on the School proportion of the salary. Forms of application obtainable from the Dean, with whom they should be lodged not later than 28th October, 1948.

The Dental Society Annual Dance will be held at the Grosvenor House Hotel, Park Lane, W, on Friday, 19th November, 1948, from 8 p.m. to 1 a.m. Tickets, price 25s. each (single) can be obtained from Messrs. B. S. Saunders and D. G. Bunker, c/o The Dental School.

HOUSE APPOINTMENTS

Applications are invited for the following appointments:—

(1) House Surgeon (B.2). Resident appointment. Salary £200 per annum, with residential emoluments.

(2) Orthopædic and Fracture House Surgeon. (B.2). Non-resident appointment. Salary £200 per annum, with allowance of £4 15s. per week in lieu of residential emoluments.

For the period November 1st, 1948, to January, 31st, 1949, in the first instance.

Applications should be lodged with the Superintendent not later than October 30th.

PASS LIST

CONJOINT BOARD

September, 1948.

Chemistry.

F. L. Coker — D. M. E. Jennings
B. S. H. Cornhill — H. C. F. Meyer
J. G. Davies — D. V. E. Miller
R. F. Hall — A. T. Tarrant
S. L. Hewitt — D. J. Timms
G. R. B. Ingram

Physics.

J. G. Davies — H. C. F. Meyer
K. M. Frew — D. U. E. Miller
S. L. Hewitt — A. G. Prince

Elementary Biology.

J. D. Anderson — K. M. Frew
F. L. Brown — G. R. B. Ingram
W. A. B. Cahill — H. C. F. Meyer
P. N. Dawson

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

SECOND PROFESSIONAL EXAMINATION.

September, 1948.

Dental Mechanics.

P. W. J. Bosman — R. R. Lewis
H. G. Carr — P. A. Swift
H. I. Levene — E. Tweddle

UNIVERSITY OF LONDON

GENERAL SECOND EXAMINATION FOR MEDICAL DEGREES.

September, 1948.

D. M. Devane — W. M. E. Tweed
J. M. Medlock — R. A. J. Webb

UNIVERSITY OF OXFORD

DEGREES OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY.

September, 1948.

Forensic Medicine and Public Health.

M. Brookes — W. J. C. Symonds
A. C. M. Mann

Special and Clinical Pathology.

M. Brookes — W. J. C. Symonds
W. D. May

BRITISH COUNCIL

Dr. D. J. A. Alban-Jones has been awarded scholarships by the Belgium and Netherlands Governments through the British Council to study Obstetrics and Gynæcology.

APPOINTMENTS

G. F. Thompson has been appointed Publicity Officer to the British Dental Students' Association.

A. M. McCall, M.R.C.S., D.P.H., has been appointed Medical Officer Langport Rural District, Chard Borough and Crewkerke Urban District Councils.

J. D. L. Reinhold, B.M., M.R.C.S., has been appointed Registrar to the Research Unit on Juvenile Rheumatism, The Canadian Red Cross Memorial Hospital, Taplow, Bucks.

Dr. Bruce Cardew has been appointed General Secretary to the Medical Practitioners' Union and Editor of "The Medical World."

PAPERS BY GUY'S MEN

Baylis, H. P., and Harvey, W. Acute generalised Reaction and extensive skin eruptions following use of Sulphanilamide in Tooth Socket. *Brit. Dent. J.*, 1948, **85**, 159.

Campbell, A. G. M. Factors in the Ætiology of Disseminated Sclerosis. *Bristol Med. Chir. J.*, 1948, **65**, 54.

Campbell, J. M. H. Surgery of Congenital Heart Disease. *Brit. Med. J.*, 1948, ii, 669.

Clarkson, Patrick, and Rix, R. E. The operative Correction of Gross Asymmetrical Recession and Molocclusion of the Mandible. *Brit. Dent. J.*, 1948, **85**, 176.

Gardiner, P. A., Michaelson, I. C., Rees, R. J. W. and Robson, J. M. Intravitreous Streptomycin: Its toxicity and diffusion. *Brit. J. Ophthal.*, 1948 (August), 449.

——. The Effects of various types of penicillin infected into the vitreous. *Brit. J. Ophthal.*, 1948 (October), 768.

CHANGE OF ADDRESS

R. H. Beare, L.D.S., 103, Pinner Road, Northwood, Middlesex. (Tel.: Pinner 4051.)

G. C. Christian, L.D.S., 6, Dartford Road, Sevenoaks, Kent. (Tel.: Sevenoaks 4675.)

Ernest Dawe, M.R.C.S., 11, Longhill Road, Catford, S.E.6. (Tel.: Hither Green 4324.)

L. Forman, M.D., F.R.C.P., 19, Devonshire Street, W.1. (Tel.: Welbeck 3262.)

H. A. Hamilton, M.B., B.Ch., M.R.C.O.G., 9, College Green, Gloucester. (Tel.: 24406.)

A. C. Keith-Fraser, L.D.S., 50, Wimpole street, W.1. (Tel.: Welbeck 4327.)

R. M. Lloyd-Still, Lt.-Col. I.M.S., Springfield Hospital, Beechcroft Road, S.W.17. (Tel.: Balham 1026.)

C. R. Neve, M.B., B.S., 44, Earl's Court Square, S.W.5. (Tel.: FRE 8601.)

H. Parker Rees, L.D.S., 21, Haven Green, Ealing, W.5. (Tel.: Perivale 1228.)

BIRTHS

DICKSON.—On October 6th, 1948, to Margaret, wife of W. G. Carnegie Dickson, L.D.S., R.C.S., 4, Ormerod Road, Stoke Bishop, Bristol 9—a sister for Jane (Alison Frances).

FRANKLIN.—On October 5th, 1948, at Nuffield House, to Betty (née Hagger), wife of John B. Franklin, M.B., B.S.—a daughter.

JACK.—On August 19th, 1948, at Calcutta, to Margaret Prêma (née Marris), wife of Allan I. Jack—a son (David Christopher Leonard).

THOMPSON.—On October 7th, 1948, at Nuffield House, Guy's Hospital, to Jane, wife of Allan R. Thompson—a son.

MARRIAGES

CHANDLER—BLACKNEY.—On September 11th, 1948, at Mombasa Cathedral, Philip Chandler to Jean Blackney, S.R.N.

MAXWELL STEPHENS—WALES.—On September 10th, 1948, at St. Helens, Low Fell, Newcastle-on-Tyne, *Philip Maxwell Stephens*, L.D.S., R.C.S., to Joan Wales.

PLATTS—DAVYS.—On August 24th, 1948, at St. Martin's Church, Epsom, Peter Motte Platts to Patricia Nancy Daveys, S.R.N.

ROBINSON—ALLEN.—On July 31st, 1948, at St. Olave's Church, York, David James Robinson to E. M. Esla Allen, Q.A.R.N.N.S. (R.).

STEWART—MORT.—On July 10th, 1948, at Liverpool, Alan Stewart to Wendy Mort, daughter of Dr. G. C. Mort.

DEATHS

DINGLE.—On October 2nd, 1948 (suddenly), Frederick Robert Dingle, M.R.C.S., L.R.C.P., of 3, Walker Terrace, Gateshead, Co. Durham, aged 47 years.

EDS. { H.A.R. / R.A.K-E.

STUDENTS MAHOGANY CABINET

These cabinets are made of selected mahogany, and have a highly polished finish, with chrome plated fittings. The drawers are lined with opaline, and constructed in varying depths so as to accommodate the complete kit of instruments in the appropriate and most convenient manner. They are smooth in action and can be fastened with the metal rod provided.

The design is of the pattern generally approved by the leading Dental Teaching Hospitals and Schools.

Height 15½" Width 13" Depth 9"

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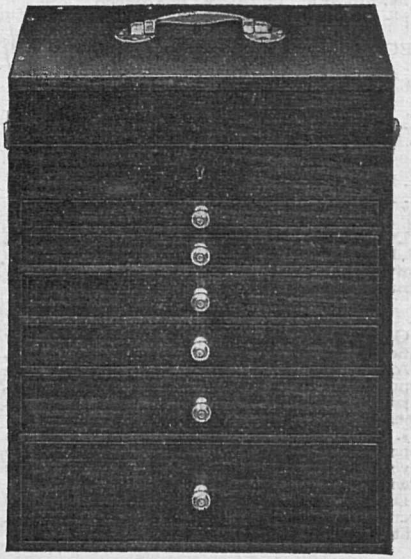
AND BRANCHES



GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

PUBLISHED FORTNIGHTLY

Vol. LXII. No. 1573 *6th November* 1948 *Ninepence*

PASSIM

SIR HERBERT EASON once commented that a patient judges the Hospital on two counts, the porter who greets him at the front lodge, and the nurse who looks after him in the ward. Such judgment is based, one might add, not on the professional skill of either, but on the capacity of each for being courteous and kind, and taking trouble. This, however, in no way invalidates it. That the good opinion of its patients is important to a Hospital, goes without saying, for no patient in his senses would prefer the trials and troubles of a teaching establishment, to the privacy of a County Council bed, unless he could see some clear advantages to offset the unpleasantness of repeated exposures and examinations. The continued high attendance at out-patients, and the waiting lists for the wards, speak well for our front-lodge porters and our nurses.

A Hospital cannot thrive, alone, on the good reputation it enjoys amongst its patients. (One might be permitted to draw a comparison with certain houses in Harley Street. In Harley Street there are two varieties of door step. Up one climb a succession of patients, each recommended by a previous satisfied client. Up the other climb patients, perhaps not in such rapid succession, but possibly more balanced persons, sent by their doctors). Judgment, to be significant, must be passed by a man's fellows. The final critic of a soldier, is a soldier, of a lawyer, a lawyer, and likewise, of a doctor, a fellow member of the medical profession.

Guy's then, to satisfy our ambitions, must occupy a high place in the esteem not only of its patients, but also of the medical profession who come into contact with it. It is the manner of this contact, between outside practitioners and the Hospital, with which we are at the moment concerned.

Some while ago, the Governors saw fit to appoint an admitting officer. What his exact duties were to be, we did not know, but many of us welcomed the appointment in the belief that through him the profession outside Guy's would be helped to make use of our facilities with a minimum of trouble to itself. We have no doubt that to a certain extent this has been the case, but that liaison still leaves a great deal to be desired, we are equally, in no shadow of doubt. A very large number of enquiries still come through to the College-porters' lodge. To stand in this place for a few minutes on a week-day, leaves one with the clear impression that here is a very vital receptor in the " afferent nervous system " of the Hospital.

There are, in this lodge, two internal and two external telephones. It is uncommon for one not to be ringing. It is common for two to be ringing at the same time, while not infrequently there are three on the go. The staff for answering them *and* doing their bidding is utterly inadequate, despite the fact that at the present time we have three uncommonly good College porters. On many occasions recently one or more telephones have been heard to ring for five minutes or longer, without answer. It may well take the one porter on duty that length of time to search the Residents' Room, the Restaurant, the Spit and two or three other possible hide-outs in the College, in response to a previous call. And their are other reasons why the telephones must be left unattended—when shoes are being collected or distributed, and when the morning calls are being made. When the telephone is finally answered there is frequently another considerable delay before the appropriate resident can be located, and brought from wherever he may be, to the College lodge, for it is quite impossible for anyone on the house to leave a detailed list of all his ports of call in the course of a half-day. He could ring up the College from each place at which he arrives, and state his whereabouts, but when it is realised that on each occasion the telephone may take many minutes to receive an answer, it becomes clear that this, too, is impracticable.

We can see one way only out of this bad state of affairs, and that is to increase the staff in the College-porters' lodge. (We know that a flashing-light calling system is to be installed, but the matter cannot wait upon that). At the present time their is certainly work enough for a telephonist, who would remain permanently in the lodge, *and* a porter, who would thus be free to leave it, *all* the time. In fact the staff should be doubled. This might seem an exaggeration of the needs, but it is a small price to pay for the good will of the profession outside the Hospital. The present exasperating arrangements cannot be allowed to continue for much longer without grave risk of people learning to say, " Guy's ? No, I think not. You can never get on to anyone there."

OWING to the large number of new entries there is now a great shortage of *Gazettes ;* as paper restrictions prevent us printing more copies, the only solution is for existing copies to go further. It would accordingly be a great help if, when you have finished reading your *Gazette*, you would return it to the *Gazette* Office, The Will's Library or the Front Lodge, so that it could be passed on to somebody on the waiting list.

NOTE *re* CHRISTMAS CARDS.—A limited number of Christmas Cards are ready for sale and may be obtained from the *Gazette* Office—price 6*s.* 0*d.* and 4*s.* 6*d.* per dozen including envelopes (per post 6*d.* extra). To avoid disappointment, early purchase is advised.

Hanslip Fletcher etchings of the Hospital, suitable for Christmas Gifts, are still available.

Guy's Diary

NOVEMBER

ACADEMIC

Nov. Exhibition. Tuberculosis of Bone and Genito-Urinary System. Gordon Museum.
Exhibition. " Dysphagia." Surgical Dept.

8th. 1.00. Mr. Reading. Clinical Lecture. " Tracheotomy."
3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.
4.45. Postgraduate Lecture in Preclinical Classroom. Dr. L. Scott. Cystic Fibrosis of Pancreas.

9th. 1.00. Dr. Baker. Clinical Lecture.
5.30. Dr. P. M. Bishop. " The Present Position Regarding the Treatment of Thyrotoxicosis." (For M.R.C.P. Candidates and Senior Students. Preclinical Classroom.

10th. 2.00. Dr. Marston. Postgraduate Revision Lecture in Anæsthesia. Clinical Theatre. Surgical Block.

11th. Mr. Lawrie. Clinical Lecture.
4.30. X-Ray Meeting. Gordon Museum.

12th. 2.15. Combined Round. Preclinical Classroom.

13th. 10.00. Mr. M. F. Nicholls (St. George's Hospital). Departmental Round. Clinical Theatre.

15th. Major-Gen. Sir Alexander Biggam, K.B.E., C.B., M.D. Clinical Lecture. " Tropical Diseases."
3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.
4.45. Postgraduate Lecture in Preclinical Classroom. Mrs. E. Norman. Test Intelligence in Children.

16th. Major-Gen. Sir Alexander Biggam, K.B.E., C.B., M.D. Clinical Lecture. " Tropical Diseases."
12.00. Sir Charles Symonds. Neurological Demonstration. Preclinical Classroom.
5.00. Dr. J. S. Richardson (Asst. Physician, St. Thomas' Hospital). " Addison's Disease, Simmond's Disease and Anorexia Nervosa." (For M.R.C.P. Candidates and Senior Students).

17th. Major-Gen. Sir Alexander Biggam, K.B.E.l C.B., M.D. Clinical Lecture. " Tropica, Diseases."

18th. Major-Gen. Sir Alexander Biggam, K.B.E., C.B., M.D. Clinical Lecture. " Tropical Diseases."
4.30. X-Ray Meeting. Gordon Museum.

19th. Major-Gen. Sir Alexander Biggam, K.B.E., C.B., M.D. Clinical Lecture. " Tropical Diseases."
2.15. Dr. Evans. Pædiatric Combined Round. Preclinical Classroom.
4.30. Dr. Wakefield. Illustrated Lecture in Hæmatology for Senior Students. Pathology Lecture Theatre.

22nd. Dr. P. R. Evans. Clinical Lecture. " The Hazards of being born."
3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.
4.45. Postgraduate Preclinical Classroom. Dr. R. C. MacKeith. Primary Staphylococcal Injections in the Respiratory Tract of Adults and Children.

OTHER ENGAGEMENTS

Nov.

10th. 3.00. St. Christopher's Hostel *v.* Dental Hostel (H.O.P.).
4.45. Guy's Science Club Meeting. Staff Common Room (Tea 4.30). Dr. R. L. Waterfield. " The Measurement of Red Cell Diameters."

13th. Rugby XV. *v.* Birkenhead Park (H.O.P.).
Hockey XI. *v.* Gravesend (Away).
,, 2nd XI. *v.* Gravesend (Away).
,, 3rd XI. *v.* Gravesend (Away).

17th. Rugby XV. *v.* Cambridge University (Cambridge).

19th. Dental Society's Dance.

20th. Rugby XV. *v.* Rosslyn Park (H.O.P.).
Hockey XI. *v.* R.N.C. Greenwich (Away).
,, 2nd XI. *v.* Inland Revenue (H.O.P.).

Two Clinical Cases

By S. M. WELLS, F.R.C.S., Ed.
Valparaiso, Chile.

A CASE OF PROLONGED PREGNANCY.

MRS. S., æt 36, of Danish nationality, consulted me on July 26th, 1947, to engage me to attend her in this, her second, pregnancy and confinement. Her first child, æt 9, was due to be born on December 26th, 1938, but was born normally on January 11th, 1939, in Denmark, and weighed 3.500 grammes (about 7½ pounds).

Her menses have always been perfectly normal, every 28 days and lasting 4 to 5 days. I may mention that she is very methodical and always keeps a diary of her menstrual dates. Her last menses were on May 5th, 1947. On examination on July 26th the size of the uterus corresponded to a pregnancy of between 2 and 3 months, with urine, blood pressure and general physical condition normal.

On June 12th, 33 days from the first day of her last period, she had a very slight show, hardly anything as she said. She did not wear a pad and it was all gone within two hours. Quickening took place definitely (also recorded) on September 17th—19 weeks from May 5th—her last period. With these data the date of her expected confinement was fixed for about February 9th this year. Pregnancy proceeded normally. As nothing happened by March 5th I suggested a trial at medical induction, viz. 2 ounces of Oleum Ricini enemata, injections of quinine, ending up with 3 injections of Thymophysin at hourly intervals after the last injection of quinine. As a result the patient felt some vague intermittent pains for a few hours, she slept well that night and went home next day. I decided to leave nature alone. On April 3rd the membranes ruptured spontaneously early in the morning. A few hours after the pains started. Examined at midday the cervix admitted one finger. By 2 o'clock labour was well on its way. Examined again at 4.30 p.m. the cervix was about three-quarters dilated. Half an ampoule of Thymophysin was injected, and a boy was born at 5.15 p.m. weighing 4.050 grammes (nearly 9 pounds) with a very slight perineal tear. The placenta came away in about ten minutes.

We now know that conception usually takes place 14 days before the next expected period, the day on which ovulation is supposed to take place. Estimating, however, the length of pregnancy as it is still usually done, from the first day of the last period, this particular pregnancy lasted 334 days, *i.e.* 54 days above and beyond the normal calculated of 280 days. As far as I remember British law has no medico-legal limit to the duration of pregnancy and it is the same in this country.

By W. J. STEVENS, D.A.

A CASE OF PULMONARY EMBOLISM.

A PATIENT was admitted complaining of a large mass in the abdomen. She was a rather fat woman of 63 years, and she volunteered no previous history of illness. On examination her blood pressure was found to be 190/90, but otherwise there were no abnormalities detected in the Cardiovascular and Respiratory systems. Slight oedema of both legs was thought to be due to pressure upon the veins of the pelvis from the large tumour within the abdomen. A diagnosis of Ovarian Cyst was made, and an operation for its removal proposed.

The patient was given a light spinal anæsthetic, 12 c.c. of 1 in 1500 Nupercaine, while in the sitting position, and then asked to lie down. The foot of the table was slightly raised to limit any further spread of the Nupercaine. Using this method there is no danger of the Nupercaine rising to the level of the phrenic nerve roots and causing paralysis of all the muscles of respiration.*

A slow intravenous injection of 0.5 grms. of Pentothal was made so that the patient should be asleep while she was in the operating theatre. Throughout this injection the patient was breathing deeply, and there was no suggestion of overdoseage, but a few moments after its completion she stopped breathing abruptly, after one large gasp, and was, in fact, dead.

At postmortem examination the findings were as follows :—

(1) There was a scar on the back of the right calf, suggestive of a previous varicose vein operation.

(2) The veins of both calves were thrombosed, and the thrombosis extended up into the femoral veins, and into the veins of the pelvis—except on the right side, where the clot came to an abrupt end at about the level of the inguinal ligament.

(3) A large antemortem clot was removed from the pulmonary artery.

(4) There was a large simple ovarian cyst, which would have been operable.

The cause of death was due to Pulmonary Embolism, and I believe the clot to have been freed at the time when the patient was changed from the sitting to the lying down posture after giving the "spinal."

Fortunately the post-mortem examination was conducted by an expert pathologist, who, apart from putting my mind at rest over such an alarming case, was able to refresh my memory of the differences between antemortem and postmortem blood-clot—differences which I am ashamed to say I had completely forgotten !

* G. Macpherson. Improved Spinal Analgesia. *Br. Jour. Surg.* Vol. xxvii. No. 105, 1939.

Two Journeys

By DAVID STAFFORD-CLARK,

DURING the Summer of 1948 I had the opportunity of making two journeys : the first to Lisbon, the second to Budapest. In one important sense they were both medical expeditions, for at Lisbon was the first International Conference on Psychosurgery—an activity worthy of serious consideration despite its sensational title—while the Hungarian Medical Trade Union, translated rather more attractively in French into Le Societé Libre des Médecins Hongrois, was inviting delegates to the Centennial Medical Congress, to celebrate the Revolution of 1848. The fact that these two international gatherings were taking place at opposite poles in Europe, politically as well as geographically, provided for at least one delegate an irresistible attraction. What follows is an account, ruthlessly concise because of editorial necessity, of each of these expeditions from the standpoint of the individual traveller : in embarking upon them I sought not simply technical enlightenment but also the elusive joy, the fascinating education and the unique experience of travelling itself. Like many better men, I am an unregenerate travel addict ; and it is a characteristic symptom of this addiction that even the most humble sufferer must need make public confession of his weakness ; worse still, he may even persuade himself that others will be interested to hear about it . . . reason and insight are powerless to deflect him while there can be found one patient soul to humour him. The Editor of *The Gazette* is traditionally a monument of patience : hence these four articles.

From the outset getting to Lisbon presented problems. The obvious way for the busy, wealthy and sophisticated psychosurgeon was by air ; it was equally obvious that there was going to be at least one humble physician who, if he got to the Conference at all, would have to find some less opulent, and incidentally less superficial method of travel. As it happened, there were two physicians faced with this necessity ; the name of the other one was Dr. T. C. N. Gibbens, M.D. ; moreover he owned a new car. He is a man of infinite good humour and imperturbability and will be hereinafter referred to as Trevor. After we had both negotiated with sherry import/export steamship lines with varying degrees of success but no certainty either of the actual date of sailing or likelihood of being able to return by the same method, we finally decided to take Trevor's car and some camping equipment and drive down through France and Spain to Portugal. Persuading the Bank of England to allow us currency for this procedure was less difficult than we had feared ; for while the official view took no cognisance of our expenses in transit, we were each allotted £4 a day for the proposed stay in Lisbon itself and this, together with £10 for the car and Trevor's £35 basic allowance (mine alas, had already been expended in the spring, among the snows of the Grisons) would we calculated, suffice for the entire journey provided we lived sparely and in our tent.

And so it proved. The cost to each of us of the entire expedition worked out on our return to £33 11s. 8d. a head.

We left England via Newhaven on Thursday, July 29th; all the way down to the coast we met eager crowds thrusting up towards London for the Olympic Games: the Torch itself crossed our route but we did not see it. We were clear of Dieppe by 5.30 p.m. with light hearts and a tank full of French petrol: it was good to be driving on the Continent again, although the flattened, shattered water front at Dieppe stirred memories of the preceding years in both our minds. Trevor had been captured at Hazebrouck in 1940 while his unit was fighting the rearguard action to cover the evacuation from Dunkirk; his C.R.S. had collapsed on top of him and his patients, after a direct hit from a mortar. He had spent the next five years in Poland and Germany, escaping twice but being recaptured on both occasions.

We reached Paris in the early evening and dined pleasantly but at hideous expense with three friends at a restaurant overlooking the Seine. The problem of our first night's sojourn was solved unexpectedly by the acquisition of a new companion, an English ex-army captain with a passion for boats who had bought from the Admiralty a steam yacht, once the property of a branch of the Vanderbilt familily, but used during the war for mail duties with the Fleet. He had brought this vessel up the Seine to Paris from Le Havre, but becoming somewhat overconfident on arrival had steamed cheerfully under a bridge whose arches were too low for his funnel; in the subsequent collision the funnel had been forced backwards and the vessel almost disembowelled. She now lay paralysed by the quay and his life was complicated by daily visits from the French river police and customs officials who insisted politely that Monsieur must assuredly depart within a minimum of 24 hours: this had been going on for 10 days when we met him and both sides were beginning to feel the strain.

We slept in our collapsible beds on the open deck of this vessel, while above our heads two searchlights at the top of the Eiffel Tower swept the clear starlit sky and under the bows the faint clopping sound of the river lulled us through the night. In the morning our friend had gone, possibly to arrange repairs, possibly to avoid yet one more fruitless conference with the river police, who arrived while we were dressing.

No, we were afraid we did not know where Monsieur le Capitaine was. We were but guests. We parted amiably with mutual shrugs and sighs.

We ate a picnic lunch in the precincts of Chartres Cathedral: the sun shone hot upon the old stone but within it was as dark and cool and utterly beautiful as it must always have been: the work of replacing the stained glass windows is almost completed. We reached Poitiers in the evening with no incident more untoward than running clean out of petrol in the middle of the bare hilly road to Angoulême because Trevor had overestimated the endurance of his car after the indicator had been marking 0 for 30 kilometres. There was a pump shimmering like a mirage on the horizon: it was no mirage but like most roadside pumps in France, it was empty when we reached it. Finally we stopped a truck whose driver sucked 10 litres out his tank in exchange for coupons for 25 from Trevor. Petrol coupons are the hardest imaginable currency in France.

We camped that night in a dewy wood in Ruffec, 50 kilometres on from Poitiers. Cohort upon cohort of enormous ants driving their greenfly cattle before them marched and counter-marched all night across my sleeping bag.

The next day we passed through Bordeaux and drove all afternoon through the deep green Forest of Landes, where the road is bordered by cork trees and the scent of pine and resin grows stronger with every mile southward and every minute towards evening. In Bayonne there was a fiesta but nowhere could we cash a traveller's cheque. The mayor, encircled with a tricolour cummerbund made an impassioned speech from a floral rostrum: periodically maroons, fired with complete nonchalance by youths in the crowded square burst with a deafening crash and a puff of white smoke against the dark blue evening sky. We were still unable to cash a cheque in Biarritz, but bathed instead. We pitched our tents above St. Jean de Luz in the garden of a chalet run by an admirable Frenchman, ex-member of the Maquis, who refused to be concerned about our temporarily penniless condition: were we not English ex-officers? He was content: we would pay when we came through on our way back. He gave us a wonderful dinner.

We crossed into Spain at Irun the next morning: the French side of the frontier is the town of Hendaye, and the frontier itself is formed by the River Bidassoa.

Formalities were minimal in Hendaye, but once across the bridge we spent well over an hour changing and declaring money, submitting for inspection baggage and car, passports, numbers of each of our five tyres, and procuring petrol coupons, which in Spain are purchased at a specified rate from the Government by the traveller and can be exchanged only at recognised pumps without further payment. As neither of us could speak a word of Spanish and most of the relevant officials could speak nothing else a good deal of gesturing, pointing and guessing was required. There was also some smiling and bowing, particularly at moments of deadlock. Eventually, loaded with certificates of currency and various other indispensable documents, some of which we were bound inevitably to lose, we set out for San Sebastian.

It was Sunday morning: Irun was crowded with people, most of the men in black berets, most of the women in black skirts: while shirts and blouses and an occasional black tie maintained the style. They stared at the car with cool self assured interest. Outside the town each village was lined with crowds, staring eagerly down the road up which we came: we soon discovered we were caught up in a bicycle race, and just before reaching San Sebastian we overtook the eventual winner, not without some feelings of unworthiness, as grey faced, and dust encrusted, he toiled manfully up a hill, his pelvis rocking vigorously from side to side as he stood upon his pedals.

San Sebastian is unquestionably a beautiful city built around a perfect natural bay on the Atlantic; but it alone of the cities we visited in Spain might equally be encountered on the Côte d'Azur or the Italian Riviera; it is in fact an exquisite but cosmopolitan seaside resort despite its romantic history. We bathed there briefly before taking the long and famous road to cross the central plains, the road down which the armies of Napoleon marched to Vittoria, crossing the Ebro to conquer Burgos, Leon and Valladolid before turning south to Madrid or pressing on to Salamanca and the capture of Cuidad y Rodrigo.

It was a splendid road through bare, barbaric but strangely beautiful country, sometimes cutting through rocks and scrub, sometimes tree-lined and running straight across the dusty arid plain towards the setting sun. In the late afternoon the spires and battlements of Vittoria rose up like fairy castles out of the plain ahead of us. There was a fair in Vittoria, where we stopped and with inexcusable rashness bought a pink ice-cream apiece from a wayside stall presided over by a gravely courteous but exceptionally grubby little boy. There was not one of our colleagues, we reflected as we consumed these delicacies, who would pity us when inevitably we developed typhoid; all would in fact agree we had been criminally irresponsible and foolish; had asked for it, despite our war-time T.A.B. But somehow we remained oddly detached. They were very agreable ices.

Burgos in the early evening was an enchanted city: all Spanish cities can look magical to the modern traveller because they retain their medieval outline against the sky. Above the high Gothic pinnacles of the Cathedral the first bright stars greeted our entrance. We sat in the square beneath this vast and wonderful building and drank a glass of wine; we were resolved to camp that night outside Valladolid.

It was almost dark when we came to Valladolid. At the outskirts of the city we were stopped by a handful of men, one of whom waved a battered flag while another whose head was adorned with what looked like an old sock, brandished a rusty flintlock musket. He was the spokesman, and had a face brown and wrinkled as a very old apple. His conversation was animated but unintelligible until Trevor in a flash of inspiration, diagnosed him and his band as representatives of the local octroi, or town-due collectors. We explained we were Inglesi.

"Americanos?" he enquired anxiously.

Non, non, Inglesi."

"Inglesi? . . ." his jaw dropped. "Crambo!"—he shook his head in amazement, and then, roaring with laughter, waved us on.

In the main square we were surrounded by small boys who clung to the car. The most persistent led us, running on foot in the headlights, to a garage for gasolina and then to a restaurant where a terribly cachectic waiter served us with an enormous meal of soup, eggs, and steak for 50 pesetas (about 17s. 6d.). While we were being served the small boy hovered round Trevor murmuring something about "Inglesi moneda—Inglesi . . ." which Trevor beamingly explained meant that he was doing all this for us because he had an English grandmother. Trevor's gift of tongues had however temporarily failed him: it was my turn to be inspired and to suggest that perhaps the

boy wanted English money rather than to discuss his family tree. Empirically I appeared to be right: he vanished delightedly when we gave him sixpence and our thanks.

Eventually, refreshed, we drove out of Valladolid to seek a site for a camp: the bridge over the Esguera on the outskirts of the town was patrolled by two members of the Civil Guard who blinked uncertainly in our headlights. We pitched our tent on rough rising ground above the road which would lead us to Salamanca in the morning.

(To be continued)

My Biennial Dinner

"YOU should go to the Guy's dinner, dear," said my wife, "it would do you good."

"Would it?" I asked. "What about my bread-and-milk?"

"You could do without that for once. Go along and have dinner with some of your old friends. You'll feel quite young again."

So it was that I found myself creeping into that magnificent hotel.

"Guy's Hospital? Side door, Sir" (I think he said "Sir"), and I crept out again. But at last I was in among a restless, happy, laughing, bustling crowd, looking for any face that bore some resemblance to someone I might once have known. Ah, dear old Bassett · I bore down on him, smiling. "Gerald," I said. "How good to see you again. How are you, old boy?"—and seized his hand. "Very well, thank you," he replied, turning to someone he knew. And this was the old friend who lured me away from work in the old days, with escapades frowned on by the Dean. How I must have aged. I went sadly over to the sherry table and drank sherry. And then we went in to dine.

I sat next to a great man of my day. I read his name on the place card. I used to admire him when he sat at the Residents' table so many years ago. He smiled and said he had just seen Godfrey Talbott. "Oh yes," I said, encouraged into conversation by the sherry, "what was his year?" He took some sheets of typescript from his pocket and ran his finger quickly down the "T's." "Table seven," he said. "Is that so?" I replied.

Having now broken the ice, we got on with our dinner. I ordered a little wine and it gave me a mild feeling of importance such as bread-and-milk never does. I looked round the room at this vast gathering. I saw some faces that looked less unfamiliar than others. One I knew instantly. Spooner! That dreadful fellow. Of all the ghastly people I ever met, Spooner took the biscuit. I never spoke to the chap if I could help it. I felt outraged that he should be there. I tore my eyes away from the disgusting sight and looked deep into my glass. Then I filled it again and emptied it again and the noise grew louder every minute. Someone from the other side of the table suddenly burst into a smile and nodded. "Didn't recognise you before," he shouted. "You've changed." "My wife told me to," I shouted back. "It said 'dinner-jacket' on the ticket." Everyone laughed, and I knew I'd said something clever and man-about-townish and thought how proud of me Mary would be when I told her I'd said the thing that I'd just said that made everybody laugh. And I had another drink and looked along the top table at all the big people and not one of them looked any bigger than me.

Next everyone was walking about, saying "hello" to all the others. And I had a glass of brandy and said "hello" more than anyone. Some looked pleased and most looked surprised, but I was beyond that now. I was a Guy's man and these were my three hundred and something old friends. And there, God bless me, there was Spooner. "Spooner · · my dear old chap. This is a treat. How are you old boy? Fancy seeing you here. And what are you doing with yourself nowadays? You're a doctor? Well, well · · We must sit down and have a cosy talk about it presently. I'll be seeing you, Spooner"—and we passed again in the night and "halloed" more than ever. And I told people about Mary and the bread-and-milk and told them where I lived. We haven't any maids and only one spare room, and if they all come—oh gosh!

And as later I set out for Kensington via the Edgware Road this wonderful thought came into my head:—

"There'sh nothing wrong with the me'ical Profeshion · ·"

(C. 1850)

The first Biennial Dinner since 1937 was held at the Dorchester Hotel, on Friday, 29th October, Mr. W. M. Mollison was in the Chair, and 314 Guy's men were present.—ED.

MOORE PHARMACY

Correspondence

A Duodenale.

SIR,—The questions asked by El Hakim Pasha in your columns regarding the longevity of A. duodenale are answered in an interesting manner by L. C. Brumpt in the *Gazette Médicale de France*, 1946, vol. 53, No. 6, page 125.

He reports the intentional infestation of 15 patients suffering from polycythemia performed as a therapeutic measure ; the paper is amusing as well as heroic.

I am, Sir,

Your obedient servant,

W. F. DUNHAM.

13, Platt's Lane,
Hampstead, N.W.3.

"A Servant of the State"

SIR,—It is proper to give credit where it is due. Some attempt is being made in our time to give an efficient medical service to all men. To many the family doctor relationships offers the ideal. Much can be said for this on social and medical grounds. The masses desire it and it is within our tradition.

Recently it has been suggested by some authority that the failure and decline of the old Greco-Roman Society was due to the lowering of the quality of the ideal. A failure to extend downwards.

It may be suggested that it is not enough to be "a servant of the State."

Yours faithfully,

JOHN C. DOMINICK.

The Spit.

SIR,—I feel some support is due to you for your outspoken criticism of the new Spit. Sitting inside sipping my tea, I recalled to mind a little verse which, with one substitution, might be appropriate :—

"How many revs a minute
Would Ruskin turn in his grave,
Had he seen the exhibition
Which Salvador Dali gave ?"

I am not critical of a brightly coloured Spit—a very good idea—but I, and many other students to whom I have spoken, think the money spent on the "murals" and "dazzle painted" walls might have been more usefully spent on improving the food served.

The Spit will never be a success until it can supply a meal which compares favourably both in price and in quality, with those obtainable in the many Borough restaurants. This is not the case at the moment, and although considerable sums have been spent on paint and decoration, the food on our plates seems much the same mediocre standard as it was six months ago. If the kitchen has been improved (I do not know about this) it certainly has not made any difference to the meals served.

This all seems rather peculiar and one cannot help wondering who were the powers behind the paint brushes and what were their objects ?

Yours sincerely,

WILLIAM M. E. TWEED.

Guy's Hospital, S.E.1.

Front Surgery and the National Health Scheme.

SIR,—There is one re-arrangement under the National Health Scheme which I feel is operating to the detriment of the Medical Student. This appears to have been accepted with complacency by those in authority, probably not only here but also at other Teaching Hospitals.

During his training the one place where the student comes into contact with the patient, without the latter having been referred by a General Practitioner, is in the Front Surgery. In addition, the local Borough inhabitants look on Guy's as "their doctor," a position we should be pleased to occupy and one proudly claimed by Old Guy's men.

Now all this has changed. If a man, woman or child comes to Front Surgery and their complaint does not fall into the category labelled "emergency," then they are sent off to get a doctor's letter, then to come back with it so that they can return yet a third time at the appointed hour (usually some weeks later). But the patient is a human being who thinks he is ill and who wants treatment as soon as possible, otherwise he would not have come to Front Surgery in the first place.

No doubt the new arrangements are all very correct according to the regulations, but very unsatisfactory—both from the patient's point of view and still more so from that of the Guy's student. Most of us will probably become G.P.'s and it is essential that we should have some experience of the minor (if, to some, dull) ailments as well as the occasional major ones which constitute the G.P.'s work.

Perhaps we could circumvent the regulations for the benefit of all concerned. The day of the Medical Apprenticeship is over, but as that system had much to recommend it, can we not resuscitate part of it?

We here, at Guy's, have all the facilities that the new Health Centres need. Could we not set up our own local Health Centre, with General Practitioners in regular attendance, so that the local people can register there under the N.H.S? Then let the students, one at a time, in their final year attend a certain number of "Surgeries" as apprentices to the G.P.'s working in the Centre.

In this way we could set an example of combining the old with the new and none of our Borough friends would be sent off to another doctor "because we didn't think they were sufficiently ill to warrant immediate treatment."

Unless something of this sort is instituted, Guy's will become entirely a place of medical and surgical over-specialisation, remote from the day-to-day occurrences of General Practice, and the old Front Surgery will decline into "Casualties Only."

No doubt there are difficulties in carrying out this idea, and almost certainly it could be improved upon. Objections will also be raised that we have never done it before. But we have an obligation to all our old friends in the Borough to make the new Scheme a success from *their* point of view, as well as our own, and to show them that we still have their interests at heart.

One of the best of Guy's traditions is that of being pioneers in the fields of Medicine and Surgery. This combination of General Practitioner, Health Centre and Hospital could be a fresh approach in the field of Social Medicine.

Yours, etc.,
JOHN FOLEY.

Guy's Hospital, S.E.1.

Guy's Science Club

SIR,—I should be most grateful if you would allow me, through your columns, to draw attention to the Guy's Science Club, now entering its fifth year. The function of the Club is to hold meetings at which papers are presented on original work proceeding in the Hospital or Schools, all Visiting, Teaching and Research Staff of which are automatically members. The meetings, which this year will normally be held in the Staff Common Room on the second Wednesday of each month during term, are as informal as possible and are preceded by tea. During the first four years, amongst others, the following topics were discussed: "Cells, Chromosomes and Genes," "Blood Volume," "Some applied Anatomy of the Hand," "Endocrines and Cancer of the Breast," "Viruses," "Streakiness in Blood films," "Molecular Shapes and Sizes." Notice of future meetings will appear in the Staff Common Room, the College and the *Gazette* (Guy's Diary). Newcomers to the Staff of the Hospital and Schools are heartily welcome.

Yours, etc.,
J. H. BRAIN,
Hon. Sec.

Chemistry Department,
Guy's Hospital Medical School.

Obituary

H. P. AUBREY, M.R.C.S., L.R.C.P., L.D.S., R.C.S.

HAROLD PERCIVALL AUBREY, a former assistant dental surgeon at Guy's which post he resigned in 1920, died on 30th September, 1948, in his 67th year, after a brief illness as the result of coronary thrombosis.

On leaving Berkhamstead School he was apprenticed to Stuart Carter, of Bath, to learn mechanical dentistry. On completion of this stage of his career he entered Guy's Hospital Dental School and took the L.D.S. Eng. in 1903, having been Assistant Demonstrator in dental mechanics, dental metallurgy, and dental microscopy. He was appointed Dental House Surgeon, and later elected to the travelling scholarship which he held at Harvard Dental School.

He returned to Guy's and took the conjoint diploma in 1907. At this time he was made Demonstrator of Operative Dentistry and later appointed an Assistant Dental Surgeon. At the beginning of the first world war, Aubrey joined the R.A.M.C. in which he served as a medical officer; most of this time was spent in France, but he also accompanied Indian troops to Egypt.

In 1928 he retired from practice; he enjoyed golf, motoring and travelling, and became a keen gardener which occupied much of his time during the last war and after. He was greatly devoted to his family who will sadly miss him, as well as numerous friends.

J. Millard Barnes, whom Aubrey taught as a student at Guy's, writes: "This is indeed a great shock to us all for many reasons. He occupied a very warm corner in my heart, not only for his charming personality, but also for the great debt I owed him in the past for the thorough way he implanted into our student minds those basic dental foundations upon which our whole career depended. The clinical lectures he used to give still remain clearly in one's mind, although they were given 35 years ago. He also gave me great help when readjustment after five years in the army was not easy."

Reviews

Aids to Anæsthesia. By VICTOR GOLDMAN. 2nd Edn. Bailliere, Tindall & Cox. *Price 7s. 6d.*

THIS very useful small book contains all the practical information that might be required by the newly qualified house-surgeon, who has to administer anæsthetics, and many facts of use to the specialist anæsthetist. The chapter on the "Anatomy of Anæsthesia" might well be left out, since the information it contains is so extremely elementary. The remainder of the book is excellent, and can be well recommended to anyone interested in anæsthesia.

D.M.C.

Infra-Red Irradiation. By WILLIAM BEAUMONT. 3rd Edn. Lewis. *Price 8s. 6d.*

DR. BEAUMONT presents a clear and concise description of Infra-Red Irradiation. He covers the physics of thermogenic radiation adequately using script terminology.

The account of its physiological effects upon the human body, indicates that a considerable amount of further experimental and clinical investigation will be necessary before the action of this irradiation is fully understood. Heat in some form has been used throughout the ages for the relief of pain, and the author stresses this action of infra-red irradiation rather than the cure of any underlying condition.

K.W.M.P.

Minor Surgery. By R. J. MCNEILL LOVE. 3rd Edn. Lewis. *Price 22s. 6d.*

THIS book is intended to be a guide to the senior dresser and hospital resident, dealing with subjects which become second nature to the experienced but are problems to the initiate, namely, examining the patient, antisepsis, bandaging, anæsthesia, and everyday injuries.

One would have liked some mention of the anticoagulants and the Rh factor, subjects very much in mind of the modern house-surgeon. Also, in the section on postoperative chest complications, the accepted view of atelectesis might have been stressed rather than a description of bronchitis as the most common complication.

A.J.D.

The Practice of Local Anæsthesia. By GEORGE BANKOFF. 3rd. Edn. Staples Press.

THE breadth and efficiency of modern general anæsthesia, added to both the patients and surgeons preference, has made the use of local anæsthesia unpopular in this country, except for certain specific operations and minor surgery. However a practical knowledge of its advantages and contra-indications are an essential part of every surgeon's and anæsthetist's training.

This book deals in a wide and practical manner with the subject, and although more detail would be of benefit in certain sections, it serves as a brief and convenient sized book of reference on the subject.

A.J.D.

Sport

RUGBY FOOTBALL

GUY'S *v.* PLYMOUTH ALBION

at H.O.P. Won 11—5.
Saturday, October 23rd.

The Hospital succeeded in defeating Plymouth Albion at Honor Oak Park by a goal, a penalty goal and a try to a goal, but the margin in their favour would have been doubled had they not allowed the Albion to take the initiative in the second half.

Guy's re-arranged back division containing as it did four recognised wing three-quarters introduced more movement and penetration into the attack than had been noticed hitherto, with the result that the wings had a fair share of the ball. The forwards included W. G. Davies, the Cambridge University blue, and showed much improvement on the previous week. Nevertheless, they did allow the opposing pack to break through constantly in the loose and thus harass our backs. The worst sufferer was A. A. Bailey at scrum half, because he had also to contend with the close attentions of his opposite number and the slowness of the forwards in getting the ball back.

The Albion were not too strong behind the scrum and it was left to their forwards to initiate most of their attacks. They had an early shock when D. le Clus kicked a long penalty goal within the first two minutes, but he missed badly from another in a much easier position. Some very smart passing between F. le Clus, N. K. Macrae-Gibson and B. M. Gray ended with Macrae-Gibson crossing for an excellent try that D. le Clus converted. Close to half-time, P. Rademan took a pass from D. Keller near the Plymouth line and crossed for a try but F. le Clus failed to add the extra points from an easy position.

The Albion had much more of the play territorially in the second half, and a combined three-quarter movement enabled P. Lane, their captain, to cross for T. Irish to convert. The Hospital were most unfortunate in not adding to their score, especially when Heber and Williams on two separate occasions got clean away only to be recalled by the Plymouth touch judge.

HOCKEY

GUY'S *v.* BARCLAY'S BANK LTD.

at H.O.P. Won 4—2.
Saturday, October 23rd.

The Hospital was without its captain and centre-half, E. A. Murray, who was away with the 2nd XI, and G. H. Danford (Secretary) led the side in a spirited game which was fought hard throughout by both teams.

There was some mid-field play at the start, neither side being able to keep the ball for long. Guy's seemed to get on top first and Earl scored after a shot from the left pad, rebounded from the keeper's pads. Our forwards continued to have more of the ball and Earl netted again off a good cross-pass from the base-line by Hodson, the outside-right. A quick rally followed by Barclay's Bank and their inside-right ran through to score with a fine cross-shot.

After the interval the Bank pressed strongly and their forwards narrowly missed scoring. There were several "25" bully-offs and our defence, with Danford and Keable-Elliott prominent, did well to beat off the attack. The initiative again passed back to the Hospital and, apart from a break-through by the Bank's inside-right, who scored after a solo run, remained with us for the last fifteen minutes. Two more goals were scored in this time with a few near misses. The first was by Blake who finished a movement on the left with a fine drive from the top of the circle. The other was by Earl (making his second hat-trick this season), when a good movement on the right had ended in a melee in front of the goal.

Team : F. Walker, G. Danford, H. Carter, C. Robinson, W. Dobson-Smyth, R. A. Keable-Elliott, D. Duckworth, D. Blake, S. Earl, C. Opie, R. Hodson.

ASSOCIATION FOOTBALL

SOUTHERN AMATEUR LEAGUE

GUY'S *v.* NATIONAL PROVINCIAL BANK

at H.O.P. Won 5—3.
Saturday, October 23rd.

Guy's collected their first league points of the season at the expense of National Provincial Bank and gained revenge from their defeat by the Bank a fortnight previously.

The game opened with the hitherto unbeaten Bank side on top and playing very confidently, but the Guy's defence proved sound enough until a shot by the left winger from a seemingly impossible angle opened the scoring. Guy's hit back quickly and a well-taken goal by Sturdy equalised the score. The Bank continued to press however and were rewarded by their left-winger taking advantage of a defensive slip, and a third goal which was scrambled home after Whitaker had saved at point blank range.

A quick goal by Fearn kept Guy's in the picture, and as the first half drew to a close we were given a slight foretaste of the second half which was all Guy's.

The equaliser actually was a long time coming. It was scored by Sturdy with a good drive and shortly afterwards the same player sent skipper Lewis away with a through pass between the backs from which he put Guy's ahead. Just before the close, Sturdy completed his hat-trick with another capital goal and Guy's ran out worthy winners by five goals to three.

The whole team displayed far more zest and fighting spirit in this game, and having now broken the ice will undoubtedly improve with effect brought by greater confidence. The defence again was sound but must eliminate those slips which give away unnecessary goals. The forward play was much improved. Fearn struck his form of last season and played extremely well.

Team : A. H. Whitaker, D. Lipington, P. J. Holloway, D. G. Matthews, F. Young, D. Harris, H. R. Prentice, D. E. Sturdy, A. Fearn, N. I. Lewis, P. A. Swift.

GUY'S *v.* OLD STATIONERS

at Barnet. Won 2—1.
Saturday, October 30th.

Guy's met an unbeaten side for the second Saturday running, and again managed to record a win. This was an even, keenly fought game, which produced little good football, especially from the Hospital team. Guy's succeeded by dint of their enthusiasm and strong defensive play.

The Stationer's had the advantage of a distinct slope for the first half and in the opening ten minutes looked to be a dangerous fast moving combination. Guy's quickly settled down and matched their speed without displaying quite the same polish. Young was the dominant figure in the defence which played superbly and having taken toll of the opening onslaught, Guy's attack came into the picture. Sturdy took advantage of a well placed free kick, taken by Harris to open the scoring.

The "Old Boys" equalised following a corner, but Lewis soon restored our lead with a left-foot shot which appeared as if it should have been saved.

Play continued evenly until half-time without further score.

A goal up and the slope in our favour should have spured on Guy's to greater efforts, but strangely our play deteriorated and apart from Sturdy, no one looked like increasing our lead. Fortunately the defence had the measure of their tiring opponents attack and a scrappy second half produced no further goals.

Sturdy worked very hard, doing much fetching and carrying for the forward line, and maintaining his previous week's form, whilst Young played a grand stopper's game at centre-half, and Leckie made an effective and welcome reappearance at right wing.

Team : A. H. Whitaker, D. Lipington, P. J. Holloway, D. G. Matthews, F. Young, D. Harris, J. C. Leckie, D. E. Sturdy, A. Fearn, N. I. Lewis (Capt.), C. A. P. Steele.

BOXING

The Inter-Hospital Boxing Championships, which have been in obeyance since 1937, are to be revived and will be held at the Seymour Hall, on Tuesday, March 15th.

The Annual General Meeting of the United Hospital's Boxing Club will be held in the Medical School Committee Room on Wednesday next, October 27th, at 5.45 p.m.

Hospital Information, etc.

NOTICES

GUY'S SERVICE IN SOUTHWARK CATHEDRAL

The Hospital Service on the Feast of St. Luke the Beloved Physician, October 18th, was well attended, especially by members of the nursing staff. The Superintendent and the Matron were both present. The simple service was conducted by the Provost of Southwark, who is our Consultant Chaplain, and the Resident Chaplain. The Revd. J. V. Wilson, Chairman of the Guild of Health, said that healing was a co-operative work, that Jesus saw the true nature of man as spirit, mind and body and knew the value of spiritual remedies. This work is continued through the Church to-day. This work is not in opposition to medical science, but is bringing a long-lost element to it. He mentioned that the British Medical Association now recognised this and was encouraging co-operation between doctors and the clergy in their common work of healing.

The text of this address will be published in the November number of the Cathedral Magazine, "Over the Bridge," which will be on sale in Guy's Chapel.

GUY'S HARVEST THANKSGIVING SERVICE

Harvest Thanksgiving was observed in the Hospital Chapel on Sunday, October 24th, at the morning service. The Chapel was practically full. Our thanks are due to the Revd. St. John B. Groser, Rural Dean of Stepney, for his address; to Mr. Tayler and his choir of students and nurses who sang the service and anthem so well; to Mr. Salmon for playing the organ; to the Sisters and nurses who undertook the work of decoration and did it so beautifully; to Mr. J. Winston, Secretary of the Medical School for his great help; and to all who helped to make our Chapel so splendid, especially the officials of the Markets and donors of gifts.

THE STUDENT CHRISTIAN MOVEMENT

Many people will have seen the posters advertising the opening meeting of the Student Christian Movement at Guy's on the 15th October. As a result of this a group has been formed which will be part of the world-wide "S.C.M." This is an inter-denominational body which seeks to bring together students and others in the universities and colleges in order to study and seek to understand the meaning of the Christian Faith. It has no specific basis of belief and, although its "core" consists of convinced Christians, welcomes the critic and enquirer. At present the group meets at 4.30 p.m. on Fridays in term-time in the Chaplain's Room. All are welcome.

THE MUSIC CLUB

The activities of the Club were resumed soon after the Annual General Meeting at the beginning of term. Rehearsals are now held every Tuesday evening at 6.0 p.m. in the Lower Massage Gym, in preparation for a choral and orchestral concert to be given in the Physiology Theatre on Wednesday, December 1st. The main work will be Purcell's "Dido and Aeneas," and although many new members have joined us this year, more female voices and instrumentalists are needed.

Gramophone Concerts are again being given every Tuesday at 1.0 p.m. in the Pathology Class Room.

ARTHUR G. BLYTH,
Hon. Sec.

PASS LIST

CONJOINT BOARD.

FINAL EXAMINATION.

L.R.C.P., M.R.C.S.

October, 1948.

Pathology.

E. Beswick	*M. S. Kataria
B. L. Bisley	P. G. W. A. Lommerse
J. G. Brice	J. G. May
P. R. Chalk	*D. N. H. Owen
B. G. B. Christie	A. H. Phillips
O. F. Couran	B. Plant
F. G. Ellis	A. M. Platt
I. E. Evans	H. H. Richards
A. T. T. Forrester	G. W. Scott
J. A. B. Jones	W. N. Whamond

Medicine.

*K. A. Baker	I. Kent
E. Beswick	*E. Killey
M. P. Cardew	A. H. Mendoza
K. M. Citron	*D. N. H. Owen
O. F. Couran	N. A. Power
*H. M. C. O'Driscoll	H. H. Richards
A. T. T. Forrester	G. W. Scott
J. R. Greaves	*P. W. Shillito
*K. M. S. Hume	*R. J. Vale
*T. E. Jeffreys	A. J. Walters
*A. J. Karlish	*F. R. H. Wrigley

Surgery.

*D. A. Ager	*K. M. S. Hume
*A. A. Craigen	*T. E. Jeffreys
*H. M. C. O'Driscoll	*J. A. Ludwig
*J. Fine	D. F. Potter
A. Goldstein	C. W. Taylor
A. K. Hancock	*P. R. Wagner
*D. F. N. Harrison	J. D. Williams
*G. E. Haward	*F. R. H. Wrigley

Midwifery.

D. Barker	K. M. Herd
P. R. Chalk	T. C. Hopkins-Husson
K. M. Citron	D. J. Joubert
*A. A. Craigen	*E. Killey
L. G. Couch	A. H. Mendoza
D. H. le Clus	B. Plant
J. B. Gayes	A. Southwell
A. Goldstein	*P. R. Wagner
S. S. Grové	

* Have completed the Examination.

UNIVERSITY OF TORONTO

DOCTOR OF DENTAL SURGERY.
June, 1948.

F. Allott B. J. Dupree

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

FINAL EXAMINATION.
October, 1948.

Part I.—Surgery.

B. G. E. Donner	B. S. Saunders
V. H. Freiberger	H. L. Scott
S. P. Gill	M. J. Smallcombe
D. M. Griffith	A. H. Stocker
G. Holding	W. R. Thomas
G. E. Moore	H. G. S. Thomson
C. B. Palmer	

Part II.—Dental Surgery.

P. J. Attenborough	G. H. Phillips
W. J. Bailey	F. E. N. Preston
T. L. Barker	W. G. Selley
L. Becker	K. S. Sunaway
E. B. Busfield	R. D. F. Teal
R. M. Carson	C. B. H. Watson
D. J. W. Foster	G. P. J. Williams
T. R. Foster	W. J. Wolfsohn
G. Holding	P. J. F. Woodroof
I. A. Nelson	

CONJOINT BOARD

September, 1948

D.O.M.S.

A. E. Sawday

D.C.H.

D. G. Vulliamy

Bachelor of Medicine and Surgery.

The above degree has been conferred on John Wedgwood.

SIR WILLIAM DUNN SCHOLARSHIP

Sir William Dunn Scholarship: Value £100 for one year has been awarded to John Ernsting.

APPOINTMENT

UNIVERSITY OF LEEDS.

S. J. Hartfall, M.D., F.R.C.P., Professor of Therapeutics and Applied Pharmacology has been appointed to the Chair of Clinical Medicine.

CHANGE OF ADDRESS

Arnold Alcock, M.B., B.S., 9, College Green Gloucester. (Tel.: 24406.)

H. B. O. Cardew, L.M.S.S.A., 6, Langford Close, London, N.W.8. (Tel.: Maida Vale 3236.)

Paul C. J. Crisp, L.D.S., Dunclutha, Nyewood Lane, Bognor Regis, Sussex.

R. Kauntze, M.D., M.R.C.P., 49, Harley Street, W.1, and 62, Addison Road, W.14. (Tel. Nos.: Langham 3475 and Western 0464.)

W. B. D. Maile, M.D., M.R.C.P., Chaundler's Farm, Crondall, Hampshire.

M. A. Shellim, M.R.C.S., L.R.C.P., 9, Camac Street, Calcutta.

PAPERS BY GUY'S MEN

Allsopp, C. B. The carcinogenic Action of Water—soluble substances Derived from 3.4—Benzpyrene. *Brit. Emp. Cancer Camp., 25th Annual Report*, 1948, p. 165.

Atkins, H. J. B. Report on the Mastitis Clinic. *Brit. Emp. Cancer Camp., 25th Annual Report*, 1948, p. 168.

Baker, G. C. Congenital Heart Disease: Some corrections. *Pub. Health*, 1948, **62**, 16.

G. P. Baker. Clinical value of liver function tests. *Clin. J.*, 1948, **77**, 212.

Brock, R. C. Bronchial Carcinoma. *Brit. Med. J.*, 1948, ii, 737.

Campbell, A. M. G. Trigeminal neuralgia treated with Cuprelone. *Lancet*, 1948, ii, 690.

Clarkson, P. S. Facial injuries in road accidents. *Practitioner*, 1948, **161**, 396.

Gibson, C. S., Ewens, R. V. G. and Foss, M. E. Trimethylplatinum derivatives. *Nature*, 1948, **162**, 693.

Grace, W. H. Forensic Medicine. *The Brit. Encyl. of Med. Pract., Medical Progress*, 1948.

James, D. A. Malignant disease observation and suggested line of experiment. *South African Dent. J.*, 1948, **22**, 347.

Marston, A. D. The Faculty of Anæsthetists of the Royal College of Surgeons of England. *Med. Pr.*, 1948, **220**, 260.

Matthews, E. Clasp design in partial dentures. *Brit. Dent. J.*, 1948, **85**, 152.

Mayer, J. H. (1) Arthroplasty of Knee; (2) Caries of Spine: for diagnosis; (3) Pott's fracture treated by internal fixation; (4) Infective Arthritis of hip-joint: Plaster bed with traction. *Proc. Roy. Soc. Med.*, 1948, **41**, 570.

Ogilvie, Sir Heneage. Large intestine colic due to sympathetic deprivation. *Brit. Med. J.*, 1948, ii, 671.

Rawlings, K. O. The use and abuse of aspirin. *Practitioner*, 1948, **161**, 423.

Rink, E. H. Choice of Anæsthetic in Elderly Patients. *Practitioner*, 1948, **161**, 390.

Rink, E. H. Prevention and Treatment of post-operative vomiting. *Med. Pr.*, 1948, **220**, 325.

Robin, I. G. Snoring. *Clin. J.*, 1948, **77**, 201.

Stephens, J. W. Primary Atyhical Pneumonia. *Lancet*, 1948, i, 703.

de Villiers, J. F. Some observations on orthodontic progress in America. *South African Dent. J.*, 1948, **22**, 359.

BIRTHS

BULSTRODE.—On October 19th, 1948, at Hartfield House, Hartfield, Sussex, to Jacqueline, wife of John C. Bulstrode—a daughter.

DOWNES.—On October 23rd, 1948, to Peggy (née Durrant), wife of G. W. Downes—a daughter

WOLFSON.—On October 3rd, 1948, at Birmingham Maternity Hospital, to Nancy (née Eschelbacher), wife of L. J. Wolfson, M.R.C.S.—a daughter (Angela Frances).

MARRIAGES

MAILE—KELLY.—On September 25th, 1948, at The Chapel of the Assumption, Kensington Square, W. B. D. Maile, M.D., to Sheila B. Kelly.

PILCHER—SMEDLEY.—On October 30th, 1948, at St. Mary's Church, Crich, Derbyshire, Richard Kendall Pilcher, M.C., M.R.C.S., L.R.C.P., D.O.M.S., to Elizabeth Margaret Smedley.

DEATHS

COLE.—On October 9th, 1948, Percival Paisley Cole, M.B., Ch.B., L.D.S., R.C.S., of 41, Lancaster Grove, N.W.3.

DENSHAM.—On October 13th, 1948, Arnold Thomas Densham, M.A., B.Ch., of 144, Lauderdale Mansions, W.9, aged 66 years.

MILLS.—On July 30th, 1948, Charles Mills, L.D.S., R.C.S., at 52, Fourth Street, Krugersdorp, Transvaal.

WENYON.—On October 24th, 1948, Charles Morley Denyon, C.M.G., C.B.E., F.R.S., Consultant in Tropical Medicine to Wellcome Foundation.

Eds. {H.A.R. R.A.K-E.

GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

PUBLISHED FORTNIGHTLY

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PASSIM

A MEMBER of the Staff of this Hospital once stated that it was possible to pass any qualifying examination in surgery without ever opening a surgical text-book, provided of course that the student assimilated all the knowledge he acquired at Out-patients, rounds, and in the theatres. This may well be the case, and it certainly affords an ideal excuse for skipping large chunks of some of the duller tomes which masquerade under the title of "The shorter textbook of ——." Nevertheless, after qualification the position is rather changed, and for G.P's. and others not closely connected with a teaching hospital, the only way to keep abreast of current advances is by reading the journals, and those books which keep reasonably up to date. But just as for the student the best way of learning is "straight from the horse's mouth" (if we may so refer to our mentors), so for the qualified man a brief post-graduate course is worth volumes of medical print. The only drawback is that such courses are usually few and far between, and it is not every doctor who can get away to attend them. The solution must therefore be a compromise, and this has been achieved in a very satisfactory way by the Dental School. Once a year they hold a dinner, immediately prior to which are held demonstrations, in the Dental School, of the latest developments in dental practice, as well as clinics at which recent interesting clinical cases are reviewed. The return of the Biennial Dinner, which was recently held, and which was such a success, raises the question as to whether such a scheme, predominately medical of course, might not be of great value to the many doctors who travel up for the dinner. After all Guy's is more than a hospital, for it is also a great centre of medical teaching, and if it is to exert its maximal influence on current every-day medicine, then its teachings must be made available to the qualified who practice, as well as to the students who will ultimately do so. The art of medicine is constantly changing, and although every shade of opinion is expressed, sooner or later, in the medical journals, the resulting mass of conflicting information is too much for the average doctor to sort out. In any case in many instances he has not sufficient specialised knowledge to form an opinion as to the rival merits of two dissimilar treatments. If he is not in a position to decide for himself (for example, as to the efficacy of a new drug), he wants his mind made up for him, but this must be done by somebody he knows and trusts. So many different views are expressed on some subjects by the most eminent members of the profession, that it is impossible to decide who is right, and it is on these occasions that the views of a School of Medicine, that has frequently been right in the past, are most valuable. Guy's is such a school, and if once a year, or even every two years, a Clinical Day could be held, when practitioners could come to town and hear the views of the staff on current problems, and see for themselves the efficacy, or not, of new forms of treatment, then at least they could rest assured that they were neither lagging behind the times, or wasting their time on new fangled and unproven forms of treatment.

IT is with pleasure that we report that Dr. J. M. H. Campbell, O.B.E., M.D., has been appointed to the Board of Governors of Guy's Hospital.

ONCE again we have to announce a change of personnel in the Editorial Office of the *Gazette*. It is with much regret that we say good-bye to Mr. R. A. Keeble-Elliot. He has occupied the assistant editor's chair for the past year and has put a very considerable amount of work into this journal. Being a student himself during that time, he has been bombarded with more than his fair share of grumbles and criticisms, which he has born manfully. We would like to congratulate him on qualifying M.B., B.S., and wish him every success.

In his place we are fortunate in obtaining the services of another student, Mr. Roy Goulding. Well-known to many of us as a tireless assistant secretary of the Clubs' Union, he also holds a B.Sc. in Agriculture which should commend him, to those who do not by association, already know it, as a man of broad interests.—(Editor).

We would like to thank all those people who have returned their copies of the *Gazette* that others might read them.

Guy's Diary

NOVEMBER—DECEMBER

ACADEMIC

Nov.

Exhibition. "Tuberculosis of Bone and Genito-Urinary System." Gordon Museum.

Exhibition. "Dysphagia." Surgical Dept.

22nd. 1.00. Dr. P. R. Evans. Clinical Lecture. "The Hazards of being born."

3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.

4.45. Dr. R. C. MacKeith. Postgraduate Lecture in Pædiatrics. "Primary Staphylococcal Infections in the Respiratory Tract of Adults and Children." Preclinical Classroom.

23rd. 5.00. Dr. P. M. F. Bishop. Clinical Lecture. "Cushing's Syndrome and Adrenal Cortical Over-Activity." (M.R.C.P. Candidates and Senior Students).

24th. 2.00. Dr. Marston. Postgraduate Revision Lecture in Anæsthesia. Clinical Theatre. (Surgical Block).

25th. 1.00. Mr. Grant Massie. Clinical Lecture. "Subphrenic Abscess."

4.30. X-Ray Meeting. Gordon Museum.

26th. 1.00. Dr. Hardwick. Clinical Lecture. "Ascites."

2.15. Dr. Bishop. Combined Round. Endocrine Diseases. Preclinical Classroom.

27th. 10.00. Surgical Dept. Clinico-Pathological Meeting. Anatomy Theatre.

Maj.-Gen. Sir Alexander Biggam. Demonstration of Tropical Diseases, R.A.M.C. Hospital, Milbank.

29th. 1.00. Dr. Forman. Clinical Lecture. "Skin Changes with Malignant Diseases."

3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.

4.45. Mr. R. Lawrie. Postgraduate Lecture in Pædiatrics. "Monstrology." Preclinical Classroom.

30th. 12.00. Dr. McArdle. Neurological Demonstration. Preclinical Classroom.

5.00. Dr. Rawlings. "The Relationship of Endocrinology to disorders of bone." Preclinical Classroom. (M.R.C.P. Candidates and Senior Students).

Dec.

Exhibition. "Gall Stones." Surgical Department.

2nd. 4.30. X-Ray Meeting. Gordon Museum.

5.00. Film. "Treatment of Juvenile Delinquents. Children on Trial." Dr. T. A. Munro. New Theatre.

3rd. 1.00. Dr. Boland. Clinical Lecture.

2.15. Clinico-Pathological Conference. Pathology Lecture Theatre.

4.30. Dr. Waterfield. Illustrated Lecture in Hæmatology for Senior Students. Pathology Lecture Theatre.

6th. 12.00. Mr. W. Kelsey Fry. Dental Clinical Lecture. "Difficulties encountered during the extraction of teeth and Procedures employed in overcoming them." Dental Theatre.

1.00. Mr. Marston. Clinical Lecture. "Avoidable Accidents in Anæsthesia."

3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.

SPORT

Nov.

27th. Rugby XV. *v.* London Irish. (H.O.P.).
Hockey XI. *v.* Lensbury. (Away).
Hockey 2nd XI. *v.* Lensbury. (Away).
Hockey 3rd XI. *v.* Lensbury. (H.O.P.).

Dec.

4th. Rugby XV. *v.* Coventry. (Coventry).
Hockey XI. *v.* Sittingbourne. (Away).

Two Journeys

By DAVID STAFFORD-CLARK,

(*continued*)

I awoke in the morning to the sound of a distant explosion: scrambling hopefully to the summit of the ridge above our tent I was in time to hear three more explosions and see, to the south of Valladolid, four chocolate and grey mushrooms of smoke ascend lazily into the air.

"A bridge do you think?" I said to Trevor.

"Quarrying," he replied.

It was another brilliant day. The glare of the sun danced off the white and dun coloured stone of the scattered and infrequent villages along the road, each with its solid windowless church whose walls were at least two feet thick. On each side the edge of the plain was rimmed with mountains, ahead the road faded and shimmered in the heat; behind there was dust. We saw no traffic except a single ox waggon until we reached Salamanca, a 100 kilometres further on. Salamanca contains one of the most beautiful

Cathedrals in the whole of Spain, a famous monastery, and an exquisite central square, walled and originally enclosed by cloisters, now modernised to form arcades. It is entered by carved stone arches to the accompaniment of furious but genial whistlings by policemen. Here we had coffee, filled our thermos flasks with water, bought sausage and sought to buy bread. Everything else had been easy: this seemed impossible. Eventually we asked a policeman. He was plainly embarrassed. We looked innocent, sad, and hopeful in turn but ultimately it was our indisputable English madness that wrung his heart. He summoned a wizened old man and muttered rapidly to him: the old man led us off at a brisk walk. Through the central square, down past the Cathedral and the outer shops we followed, bewildered. After about three-quarters of a mile he plunged down a narrow street lined with tall dark houses. Brushing aside a curtain in an open doorway he motioned us to enter. An old shoemaker rose to greet us, behind him someone else peered at us silently. Our old man murmured something about "Pano" and "Amigos." The shoemaker turned and spoke; a woman came forward with a round flat loaf about 10 inches in diameter. The price was 12 pesetas—about 3s. 9d.; before leaving the old man made it clear that it would not do for us to carry the loaf openly through the streets. It travelled back to the car inside my shirt. During the entire journey both ways across Spain we were never to discover how to buy bread except on the black market.

Before leaving Salamanca I cashed a traveller's cheque in the Banco d'Espana. It no longer seemed surprising to discover inside the bank two fully armed soldiers covering the entrance and exits with tommy guns.

The last town of any size before the frontier was Cuidad Rodriguo; it is an old walled fortress on the banks of a tributary of the River Douro. From thereon the road steadily deteriorates as it approaches the frontier at Fuentes D'Onoro until at the frontier itself it resembles nothing so much as the entrance to a barnyard. This may be for strategic reasons: it may also be because the Spanish Government couldn't care less. The atmosphere at the frontier suggests the latter.

Here again were innumerable formalities conducted with that impressive blend of casualness and punctilio that distinguishes Spanish bureaucracy: but practically none of them were connected with the matters dealt with at our entry from France, being concerned mainly with taking away all the Spanish money we chose to declare and issuing insubstantial certificates in its place. Finally they flung down the rusty chain that dangled across the track and we crossed a brief no man's land into Portugal.

The contrast was immediate and remarkable. The Portuguese frontier post is Villa Formosa, its buildings new and covered with the nationally renowned blue and white tiles. Money seemed in the air, although as yet unobtrusively. Cleared by the rest of the customs, our passports were minutely scrutinised by the International Police: on no account must we fail to get them counter stamped by the internal office of the Policia Internacionale within 48 hours. We drove off into Portugal.

The Spanish mountains to the south as we had approached the frontier had been the Sierra de Gredos and the Sierra de Gata: now we were traversing the Northern slopes of their continuation into Portugal, the Sierra d' Estrella, but even here the difference was striking. Instead of the wild and rugged grandeur of Spain, here were heights and shoulders of rock richly grown with olive trees and flowering shrubs. The road, admirably surfaced, curved smoothly round banked corners and over clean white stone bridges, through the town of Guarda and on up into the wooded crest of the range above Pinhancos, where we stopped for the night, camping in springy heather under a cluster of tall fir trees.

Next morning we reached Coimbra, seat of the oldest University in Portugal, for breakfast in luxury. We had shower baths, washing the reddish dust of Spain from our limbs, ate an omelette, and set out across the River Mondego for the road to Lisbon. We made three more stops that day: in Batalha, where there is one of the most exquisite monasteries in the world, whose architecture is an inspired blend of Moorish and Gothic styles: in Alcobacos, centre of hand-made pottery where I bought a lovely blue plate which subsequently got broken, and at Obidos, walled city on the top of a hill commanding the approach to the hills of Torres Vedras, through which we were to pass. At 6.45 p.m. that evening we swung left up a winding hill to reach a broad dual track road with central trees leading down to the famous Avenida de Liberdad, central thoroughfare of Lisbon, dominated by an enormous statue of Vasco de Gama surrounded by lesser figures wrestling massively with ploughs, bulls, and fishing nets.

We had two immediate objectives: to discover the whereabouts of the Faculty of Medicine, where tomorrow we would attend for the opening of the Conference; and to call upon an Englishman, representative of an export firm, whose address I had been given and to whom I carried a letter of introduction. We hoped to pitch our tent in his garden. We were defeated in both, despite persistent attempts. At the time we were inclined to lay the blame for this upon the obtuseness and indifference of the Lisbon police; subsequent reflection has not caused us to revise this impression. It was not that the policemen whom we consulted did not understand our requests: with one exception they were capable of reading the written addresses and grasping that we wished to go there: the operative trouble was that they seemed neither to know nor to care where these places were themselves. By the time we had discovered the street and house of my English friend he had left: it was a business address. We were tired and hungry; we parked the car at the lower end of the Avenida de Liberdad and entered the first restaurant we saw.

It was called Negresco and proved to be the Lisbon equivalent of The Bagatelle; the hour was 7.45 and we were wearing the same clothes in which we had driven down through France and Spain; moreover our combined resources in Portuguese money were barely enough for the cheapest meal we could order. We looked and felt like the man who asked for bread with one meat ball. But it must be recorded that the waiters, instead of shouting down the hall, rose to the occasion and looked after us nobly. As soon as we had negotiated this hurdle in etiquette we drove out of Lisbon and camped on the heights of Secavem overlooking the Port. I was awoken during the night by a sheep which had put its head into the open end of the tent and was cropping the grass within two inches of my scalp. We gazed at each other with lack lustre eyes before resuming our respective occupations.

We called early upon our friend the next morning, having bathed, shaved, changed into suitable clothes and breakfasted in a hotel whose staff stuck generous labels on our bags despite the brevity of our visit. After a genial welcome he became a trifle guarded when we described our predicament of the previous night but immediately relaxed when we made it clear that it was not a deal in blackmarket currency that we sought but a site for our tent.

"My house is five miles out of Lisbon," he said. "My wife and young daughter will never forgive me or you if you pitch your tent anywhere but in our garden." Our major problem was solved, and in what proved the most delightful way possible.

We set about attending the Conference: apart from registering at the Faculty of Medicine, to which our friend directed us, the main event of the day was a series of demonstrations at a neighbouring hospital, St. Julia de Matos. The radiological section was deserted when we arrived except for one effusively cordial gentleman with close cropped hair who accompanied us around, commenting on the air encephalograms, arteriograms, ventriculograms and plates showing pantopaque injections marking the site of leucotomy incision. He pointed proudly to one of these:

"This is mine," he said.

"You performed this?" asked Trevor politely; but I was looking at his scalp.

"No—no—I *am* this," he answered cheerfully, pointing now to the healed scalp wounds. We learnt later that he had been admitted as a case of paranoid schizophrenia.

In the afternoon the Conference proper began. It is impossible and inappropriate in an article limited rigorously in space and concerned primarily with travel to introduce a serious discussion of a complicated technical subject; nor is this my intention here: but some indication of the scope and topics of the Conference is due to anyone who has paid me the compliment of reading as far as this.

The more important contributions could be grouped under three main headings:

1. Developments in the technique of Leucotomy and similar procedures.
2. Developments of the principles underlying this type of destructive operation.
3. Consideration of further indications for the operation, both in research and therapy.

Under the first heading were discussed the already familiar procedures of the blind and open operations; bilateral removal of discrete areas of frontal cortex (topectomy), the innovations of thalamotomy, frontal decortication, parietal leucotomy, transorbital leucotomy, and various special incisions designed to interrupt only selected groups of

fibres in the frontal connections. The principles underlying these different techniques formed the subject of the second group of contributions, and varied very widely in validity from the carefully tested application of the operation to relieve unbearable pain in mentally normal patients with inoperable neoplasms, by Watts, to the preposterous travesties of neurophysiological and anatomical reasoning adduced by certain South American surgeons to justify incisions into the parietal lobes, or unilateral lobotomy in epileptics with the expressed object of " correcting the dominance of the major hemisphere by surgery."

Discussion under the third heading was concerned with the indications for subjecting children to prefrontal leucotomy for various conditions ranging from feeblemindedness to " psychopathic personality . . . exhibitionism . . . impulsiveness . . . logorrhœa . . . and post encephalitic behaviour disturbances," and with the surgical approach to epilepsy already mentioned. A series of nine children, quoted under the former discussion, and operated upon in Sao Paulo, were described. Of these one was said to have made a " social recovery," four were improved, two failed to respond and two died. The authors urged " further clinical research must be undertaken on the subject of this paper." I spoke against the motion, and was subsequently quoted as having described leucotomy in children as a measure of desperation, challenged the permissibility of the diagnosis of psychopathic personality in childhood, and observed that exhibitionism and impulsiveness were among conditions treated conservatively and even with success in child guidance clinics in England.

In the course of the Conference the most elaborate technique described was that of thalamotomy; producing small burns with an insulated cautery introduced into the dorso medial nucleus of the thalamus by an instrument called a stereoencephalotome. The most spectacular was transorbital leucotomy. Neither can yet claim to be established experimentally in man. Probably the most valuable function served by this conference, apart from the exchange of ideas between countries and individuals, was the critical approach adopted in the final evaluation of results, and the proposal to employ a rigorous and standardised set of criteria for future research.

The hospitality which formed the background to the conference was prodigious. We attended luncheons, cocktail parties and banquets; the food was rich and overwhelming in quantity, the drinks copious and often fiery; the effect of all this in the sub-tropical temperature prevailing was to induce in us a curious sense of dissociation and unreality, in which we remained bemused through even the ordeals imposed by the police regulations requiring us to obtain, within 48 hours of arrival, permits to remain in Lisbon, and permits to leave (10s. each) within 48 hours of departure; total queueing time, over two hours. In this connection I was reminded of Kant's theoretical interpretation of the senseless laughter of schizophrenics: " The psychosis leads to a disintegration of the patient's personality. This is followed by an overwhelming sense of frustration, to which the patient reacts, not with despair, but with helpless mirth." This was indeed our reaction to the discovery that owing to a final wait in the Spanish Consulate to get our return transit visas we had missed being included in the official photograph.

Had we been registered in an hotel we should have been spared all these experiences: the smallest page boy, loaded with all the guests' passports, is sent out to do the dirty work that we had to do ourselves; but as an aspect of political surveillance it was an education in itself.

When, on the evening of Saturday, August 7th, we drove for the last time along the splendid coastal road from Cascaes into Lisbon and up the Avenida de Liberdad on our way north we could look back upon generous hosts and a lovely city; but it was pleasant to return to the quiet of the countryside after the incessant trumpetings which announced the passage of innumerable streamlined cars along every thoroughfare of Lisbon from dawn to dusk, throughout each and every blazing day. Our sensitivity to these horn blowings was perhaps increased by the knowledge that a taxi-driver in Lisbon can obtain delivery in two days of a new British car for which a G.P. in England has to wait as many years.

Night overtook us at a village called Bombinal, after we had spent an hour or so following the original route of Wellington's Army to Vimiero; a coastal road with glimpses of rocky bays to the west. A friendly stranger guided us to the only inn. Later we camped in the most romantic site we had yet encountered, a hollow in a wooded hill guarded by huge boulders at the edges of a dried stream. Unfortunately the local ants were the fiercest and most active yet, succeeding in penetrating my sleeping bag in force, and then fanning out into small parties to explore my torso.

The next day we made a detour to ascend the heights of Busaco, a ridge commanding 30 miles of magnificent view, from whose eminence Wellington inflicted one of the most catastrophic defeats of their entire campaign upon the French ascending from the Mondego valley. A joint Anglo-Portuguese memorial crowns this mountain, and there is a museum (entrance 1s.) of relics of the battle.

We re-entered Spain the same evening and dined in Cuidad Rodriguo. The proprietor of the inn was a swarthy gnarled old Spaniard of inimitable poise and simple dignity whose delight when Trevor showed him an exact map of his town—unchanged since the Peninsular War—in an English historical treatise on this subject, was a joy to see. We parted on terms of tremendous affability after being introduced to his regular customers and plied with his special brandy.

The return journey across Spain was planned to take us across the battlefield of Salamanca, to Avila, another perfectly preserved walled city of the middle ages, and to Madrid. From there we crossed the Guadarama mountains in a long night drive to Burgos and rejoined our original road. In a café on the outskirts of Madrid we were greeted by a man who hearing us speaking English, enquired if we had been in the war and if we spoke Russian. Conversation elicited that he had served in the "Division Blau"—the Spanish volunteer force which, for political reasons, was permitted to make a decidedly inauspicious appearance among the German forces on the Russian front. He showed us a photograph of himself in German uniform with an Iron Cross. We said we were sure he must have been glad to get back.

Men rather more after our own heart were those we encountered in a tavern just as we were setting forth from Madrid to cross the Guadaramas, which are reputed to be still infested with Guerillereros—usually a polite name for bandits. We mentioned this possibility: "No, no," they said, grinning cheerfully. "Not bandits—anti-fascisti in hiding. . . ."

After this we rather hoped we should see some, but the nearest we came to it was to be held up by a mobile police patrol armed with a dazzling searchlight and tommy guns, for a routine check while crossing the upper pass.

We camped only one night in France on the way back—at the Chalet of our trusting friend, who greeted us raptuously and insisted on giving us a bottle of wine from his cellar. We pressed 2 lbs. of coffee beans on him which reduced his wife to tears of gratitude. They seemed amused that we had still failed to acquire a mallet for our tenting, and were continuing to drive in the pegs with one of Trevor's shoes. This was our last camp; we left next morning intending to halt for one more night about half-way to Dieppe, but the weather broke with a vengeance and from the Forest of Landes onwards the rain lashed down in torrents. Taking alternate shifts at the wheel and stopping only for food in towns, we drove the 800 kilometres to Dieppe from Biarritz in sixteen hours, arriving on the seafront in a savage rainy gale at about 5.0 a.m. on Thursday, August 12th. Later we slept peacefully through what appeared to have been a terrible crossing.

In an account as compressed as this, much of what will long be vivid in our memories has of necessity been left out. But there remain two visual impressions which seem to insist upon inclusion: the roadside harvesting in Spain, and the wrecked German armour still rusting in the ditches between Le Mans and Rouen. As we drove down through Spain the peasants were threshing the corn—spreading the wheat in thick layers over bare rock in corners of the fields and driving over it crude sleds, weighted with old women or children, their noses and mouths wrapped in shawls against the dust. The sleds, drawn slowly by donkeys or oxen, were led round and round over the grain until it was separated. When we returned they were winnowing—using a chance favourable wind which had arisen; now the wheat was swept into parallel ridges and the men and women were tossing shovelfuls of it into the wind, while the chaff streamed away in clouds and the grain—or most of it—fell back upon the pile. Beautiful as this was as a spectacle, it must be an appallingly wasteful method; the same that has been used for hundreds of years. In Spain they are poor, and have no machinery. We saw plenty of machinery further on. Driving through Northern France in the darkness of the earliest hours, our headlights continually swept over huge burnt out tanks, troop carriers, armoured fighting vehicles, and trucks, red with rust, rotting in the ditches beside the road where the bulldozers had thrust them in the advancing surge in July and August, 1944, after their annihilation from the air. In the present desperate struggle to exist in Europe they are not worth the trouble it would take to move them.

(To be continued)

Hypnotism

(On November 26th, Mr. Bragg will give a talk, followed by a demonstration, on Hypnotism in Medicine and Dentistry to the Student's Union. The following account is intended as a short introduction.)

IT is difficult in a few words to explain what we mean by the term Hypnotism, for although derived from the Greek word ὕπνος, sleep, it differs as widely from natural sleep, as sleep does from anæsthesia, and what we usually mean by sleep is unnecessary for most of the results obtained in Medical Hypnosis.

The modern study of hypnotism began with Mesmer, a Vienese physician, who had a great vogue at the turn of the 18th century. He was able to produce trance-like states by means of magnets, crystals and complicated passes with his hands over his patients. He however fell into the error of producing a "Theory of Animal Magnetism" in which he postulated an "odylic" or vital force that flowed from the operator to the subject. These ideas were soon discredited and Mesmer died in obscurity.

In spite of the bitterest opposition his work was taken up by two Englishmen, Esdaile and Elliotson. The former working in Calcutta in 1846 stumbled upon mesmerism and finding it so successful in the abolition of pain that he persuaded the Government to provide him with an experimental hospital for a year. Here, under controlled observation, he performed several hundred major operations such as removal of scrotal tumours, and thigh amputations without the use of drugs and without the patient moving a muscle. His results were published as a Government paper but the introduction of inhalation anæsthesia shortly afterwards provided a much more rapid and surer method of producing anæsthesia, and so Esdaile's work did not receive the attention it might otherwise have done.

In the middle of the last century, James Braid, a Manchester surgeon, by careful experiment and observation, arrived at the conclusion that the phenomena of hypnosis were purely subjective in their origin and suggested the terminolooy we still use to-day and his simple rules and advice cannot be bettered.

Unfortunately on his death his work was largely ignored and it was left to two Frenchmen to establish the value of hypnosis in medicine. These were Liebault (1823–1904) and Bernheim. Liebault, shy and retiring, worked ignored for some 20 years amongst the poor of Nancy and became the almost legendry figure of the peasants, while Bernheim, Professor of Medicine and Man of Letters, a sceptic, converted late in life, helped to form the Nancy School which did so much to spread the study of Hypnosis and suggestion. In Paris, Charcot become interested in hypnotism, but as he became surrounded by hysterical patients he concluded that hypnosis was a pathological condition yet for all his authority his views have not stood the test of time. The study of hypnosis spread rapidly across Europe and the New World, but in England it was slow to take root, and that in spite of a favourable report by a committee of the B.M.A. We might well say with Herbert Spencer, "where prejudices exist the most obvious facts avail nothing."

There is nothing magical about hypnosis, somewhere between 75 and 90 per cent. of people can be hypnotised, the only essentials are that the subject shall be willing and know what is required of him. Thus idiots and small children can not be hypnotised, and those with a high I.Q. or who are well disciplined are the easiest, amongst these University Undergraduates and soldiers rank high. The other essential is to be found to the manner and approach of the operator.

There are many methods of induction from the time consuming passes of the old magnetisers, though the monotonous beating of gongs and ticking of metronomes to fatigue of the occular muscles and simple verbal suggestion. Their use depends on the choice of the operator, who often combines his methods. Just as anæsthesia has been divided into stages so has hypnosis, the different phenomena one can elicit differ with the depth of hypnosis, the personality of the subject and his previous hypnotic training, but three broad stages can usually be recognised.

a) Slight hypnosis in which changes in voluntary muscle can be induced.
b) Moderate hypnosis in which in addition changes to the special senses can be evoked.
c) Somnambulism in which the subject may be alert or dull but always has amnesia on waking.

Post-hypnotic amnesia varies in the other two stages, but if memory of what took place in the hypnotic state is absent in waking life it is always present on re-hypnosis.

The phenomena in hypnosis have been extensively investigated and fall into motor, sensomy and psychic groups. In the motor group are to be found increased control

over voluty muscle which enables the subject to maintain abnormal postures without evidence of fatigue. There is increased "voluntary" control over salivation, gut movement and occasionally lactation. On the sensory side is the ability to suggest anæsthesia or analgesia, or even hyperæsthesia so that two point discrimination may be halved. In the psychic group are the cases in which the hypnotised subject can be hallucinated so that he imagins himself to be a great musician or pursued by a lion and takes the appropriate action. Another interesting observation in some subjects is an increased appreciation of time so that they will carry out some command after a stated lapse of so many hundred or thousand minutes, without recourse to a watch and are often correct to within a few minutes.

Hypnosis can be used by the professional hypnotist as a means of entertainment, by the experimenter for research and by the physician and dentist as a therapeutic measure. While suggestion cannot cure organic disease, it can and often does relieve the most distressing symptoms, often those that have defied all other forms of treatment. One must therefore be sure of the diagnosis before removing the symptoms.

Hypnosis finds its most obvious application to the relief of pain in dentistry, childbirth and minor surgery. It is also useful in many hysterical conditions, as well as affording relief from the organic pain of neuralgia and cancer. Its use depends on post-hypnotic suggestion, the ability of suggestions made in the hypnotic state to be carried over into the waking state and acted upon even though the subject is not conscious of them. These are more effective if they are of a positive character; thus, pain is often more easily relieved by suggesting that it shall be appreciated as a pleasant warm feeling, than that it shall not be felt at all.

Anyone writing on hypnosis is bound to discuss the possible drawbacks of its use. In reputable medical hands there are no dangers. Bernheim hypnotised well over 12,000 hospital patients and only one woman was in any way adversely affected. She sat up suddenly developed a pulmonary embolus which proved fatal, but that can hardly be blamed on hypnosis. During the hypnotic state the subject never looses consciousness and will reject or awake on being ordered to do something what offends his strong prejudices or moral principles. The drawbacks are that not everyone can be hypnotised, that some post-hypnotic suggestions need to be repeated several times, and that the treatment may be time consuming. But hypnosis can to-day take its place in selected cases alongside other methods of treatment, having survived Trouseau's advice to "use a new drug while yet it cures."

I.S.

REFERENCES.

Bramwell (J. M.). Hypnotism, its history, practice and theory. 1909.
Esdaile (J.). A record of cases treated in the Mesmeric Hospital. 1847.
Kuhn (L.) and Russo (S.). Modern Hypnotism. 1947.
Tuckey (C. L.). Treatment by Hypnotism and Suggestion. 1921.
Wolberg (L. R.). Medical Hypnosis.
Vol. 1. The principles of hypnotherapy.
Vol. 2. The practice of hypnotherapy. 1948.

What is a Psyche?

By H. St.H. VERTUE.

YOU thought at once of Keats when you saw the word "psyche" above, because it is the subject of one of the five great odes.

O latest born and loveliest vision far
Of all Olympus' faded hierarchy·

What *is* a psyche? Psychology, a well-known word, appears to mean the study of a psyche. This comparatively young branch of science, at first academic, obscure, almost wholly German, not long ago was adopted by Medicine and forthwith leapt into prominence. High-brow novelists dipped their heads into the psychological bucket, sucked up and regurgitated. Women made psychologists the heroes of their stories. Of a hundred lads and lasses who mean to take up Medicine, fifty say, "I will be a surgeon," the fifty remaining, "I will be a psychologist." The public is curious, though a little mistrustful, and medical men as a whole are somewhat cautious in their estimate. Naturally one would like to know what it is all about and seeking a definition of the subject of study, looks up "psyche" in the indexes of numerous works: but it is never there· There seems to be a strange coyness about psychologists! "Soul" as a translation will never do, as it is much too vague a word. Standing on the stairway

of a seaside house before the picture of a maiden in her nightdress with eyes cast up and a yearning look, I asked what it was. "The Soul's Awakening," replied my host. "Oh no, father," rejoined the young daughter with an admirable composure, "that is the dawning of the sexual instinct." So it was. We must find out ourselves what a psyche is and whether it is truly the subject of psychology.

The root *psuch* means *chill*. There are psucho, I chill, psuchos, chilly, psuchros, cold, psuchayo, I keep cool, and psuche (psyche), a breeze (which keeps you cool), or a breath (a movement of air like a breeze). Man in his early days saw that when one was alive one breathed, but that when one was dead breathing ceased. Having no concept of function, he supposed that in the living body something material was present which vanished in the dead, and that this material thing was breath. Of course he was wrong. Breathing is a function, air does not vanish but is retained after death by the negative pressure of the thorax, and cessation of breathing is not always synchronous with cessation of life. The psyche then, identified with the life, was a primitive and erroneous conception, now quite obsolete. How very strange it is to find it apparently the centre of important study to-day · Yet if we examine the study we find it quite unconnected after all with this psyche. At least we begin to know why the learned are modest about declaring what it is that they are studying ·

In time the desire for survival after death gave the psyche a new signfiicance. Since it was this that left the body, might it not be this that was the immortal part? But in order that the personality should be preserved the psyche must take on the person's previous form, and so the psyche became a representation of the living, "pallid, chill and drear," a ghost in fact. The early goddess of death was Maia, not "still youthful Maia" as Keats says, but Old Mother. It is still unlucky to be married in May, to put on fresh clothes in May, even on a Borough baby whatever the weather, or to bring in the blossom of the hawthorn or may-tree. Maia had a son, Hermes, who was called psuchopompos, conductor of the psyche. With his serpent-cinctured wand he led the pale phantoms into the underworld and there presented them to Rhadamanthus, the judge. In the last century there were some who were sufficiently interested in ghosts or psyches to want to investigate them. They founded a bureau of psychic research and they spoke of psychic persons, who were especially susceptible to ghosts. There grew up a little literature of a popular kind about psychic investigators, the counterparts of Holmes and Watson in the realm of the supernatural, and about psychic young women, large-eyed, interesting, ethereal, ready to go into trances and see what was not there. Credulous these persons were, but at least they knew the meaning of the words they used. Does psychology study ghosts? Apparently not: so *this* psyche is not its subject.

The psyche is a pagan belief. The Christian has the entirely different conception of the Resurrection at the appointed time. "Behold I tell you a mystery. We shall not all sleep, but we shall all be changed, in a moment, in the twinkling of an eye, at the last trump (for the trumpet shall sound) and the dead shall be raised incorruptible, and we shall be changed." In some parts of the New Testament there is reference to a pneuma. This word comes from pneo, I blow or breathe, and is represented in Latin by spiritus, from spiro, I blow or breathe, turned into English as spirit. "The natural man (psuchicos) receiveth not the things of the spirit (pneumatos) of God, for they are foolishness unto him." Here it is clearly implied that the pneuma supersedes the psyche. The pneuma is spirit or breath of God, breathed into Man. Psychology does not deal with a pneuma but on the face of it with a psyche: therefore it has no connection with orthodox belief. One may remark however that unobtrusively the old myth crept back into Christianity to some extent.

The Blessed Damozel lean'd out
From the gold bar of Heaven,

without waiting for the Day of Judgment. Unless there had been this recurrence of the myth neither Rosetti's lyric nor Dante's epic nor any kindred poem could have been written. But none of them are the matter of psychology.

In the meantime a pretty allegory had grown up about the psyche. The butterfly or moth is at first a lively caterpillar, then a seemingly dead chrysalis, then again a live and beautiful creature with wings. So the psyche became a beautiful creature with wings like a butterfly's. Then, since the Greeks looking at Nature always saw shapes of human beings, the psyche became a lovely woman, as she is preserved for us by the genius of Apuleius in the story of Eros and Psyche. It is this personified Psyche that Keats celebrates. Other poets too were captivated, Poe for instance.

Thus I pacified Psyche and kissed her
And tempted her out of her gloom—
And conquered her scruples and gloom;

And we passed to the end of a vista,
But were stopped by the door of a tomb—
By the door of a legended tomb ;
And I said—" What is written, sweet sister,
On the door of this legended tomb ? "
She replied—" Ulalume—Ulalume—
'Tis the vault of thy lost Ulalume · "

It would be wonderfully gratifying to believe that this beautiful and sensitive being resided within, but the belief cannot be compassed, and whatever psychology may have been studying it is certainly not a " sweet sister." So this psyche also fails as the subject of psychology.

Some of the more reflective minds meanwhile had concluded that our nature was dual, consisting of a psyche, immortal, and a soma (body), mortal. One can still hear active discussions going on about the relative parts played by the psyche and the soma. Such and such a pain is ascribed to the psyche and another to the soma and a third is called psycho-somatic. It is a tribute to Hellas, but it is not logic. Because the psyche and the soma are, or were once thought to be, separable after death, it does not follow, then or now, that they are separate during life. But if this view be assumed to be true, then what will be the properties of the psyche ? Clearly movement and sensation, since these are to be preserved by the part that survives after death. The psyche now becomes an organ of movement and sensation, and is generally located in the breast : Can any one say that this psyche is the subject of psychology ? Certainly not, for the organs of movement and sensation to-day are the muscular and nervous systems, and not a psyche. Next are added feeling and thinking, so that by Plato's time the psyche is the organ of thought. A century or so later Epicurus evolved a most elaborate theory of the psyche. He supposed that it was a tenuous gas, diffused through the limbs but especially concentrated in the breast and held in loose combination with air by a kind of co-ordinate linkage. He thought that the functions of the psyche depended partly on streaming movements and partly on molecular disturbances. He had a conception of the building up of a compound in response to one sort of stimulus, an attainment of equilibrium and then an unbuilding as the result of a different sort of stimulus, with contrary effect. It was remarkably like the conception underlying some modern theories of colour-vision. In fact what he attributed to a psyche we attribute to a nervous system. His was the most advanced conception of a psyche, but it has been ousted from the modern world and is not the subject of psychology. When an Aristotelian sense of a vital principle has been mentioned, we have examined all the meanings of psyche and found that none of them represents the subject-matter of psychology. The fact is that psychology did not arise from scientific research but from prescientific philosophy, and it was not until about a quarter of a century ago that one Hebart, a follower of Kant, wrote of it as a separate study. We must conclude then that in the present day psychologist, psychiatrist, psychosis (a solecism), psychology itself and all kindred words are misleading terms, relating to something that is no longer there. However, psychology very evidently exists, it must treat of something and the next question is, " Of what does it treat ? "

There is no difficulty in answering this : it treats of mind, that is " the seat of consciousness, thoughts, volitions, feelings " (O.D.). Since we now have concepts of structure and function we shall no longer fall into the primitive way of thinking that gave rise to the psyche. Mind is not a material thing : it is a function of nervous tissue, especially of brain, as breathing is a function of lung and of thorax, digestion of stomach and gut, and so on. Where there is no brain, there is no mind, so far as we can tell ; when the brain is deficient, the mind is deficient ; let the brain be diseased or damaged, the mind deteriorates ; put the brain out of action with a drug, the mind is blotted out. Since nervous tissue is the structure with which he deals and one function of it, mind, is his particular study, the " psychologist " would be correctly described as a neurologist with a speciality in mind. " Psychiatrist," healer of the psyche, is neither elegant nor accurate, for there is no psyche now to be healed.

This special subject is extremely difficult. Mind is a much more elusive and complicated function than any other and it is harder to investigate it directly. The structure, we believe, obeys the physical laws, but the function may be governed by other laws, of which we know nothing and perhaps never can know anything, because they completely transcend our powers of apprehension ; or there may be regions of mind where there are no laws at all. Epicurus introduced his indeterminate atomic swerve to explain free will and some modern thinkers try to achieve the same end by calling to their aid the indeterminacy of the electron, but the reasoning in neither case is clear. To be bound by the exact laws of the physicist, even though they concern probability rather

than certainty, is not to have free will. To accomplish this there must be an agent in the mind which can act on the physical structure through the physical laws, whether they be determinate, when the structure considered is in the mass, or indeterminate, when in the smallest parts; and if we admit an internal, there is nothing to prevent us from admitting an external agent, that for instance called in simple metaphor a pneuma.

In this study Science began, as she usually does, by clearing and sorting, by classification and nomenclature. Because medical men were the first to do this task efficiently, psychology is now predominantly medical. The technical terms have a familiar ring. "Hysteria means symptoms produced by suggestion and curable by suggestion." "A complex is a pathological association of a feeling with an object." Such definitions are like the foundation stones on which are reared the succeeding stories of the building diagnosis, prognosis and disposal. Treatment comes last. In the nature of things its value is limited and it requires exceptional qualities. The earlier psychologists were over-optimistic about what could be done by the action of mind upon mind. In effect the psychologist has to knock, enter and set to rights another's house; but a sober man, knowing that he has enough to do to keep in order his own, will not assume this vicarious stewardship with more than moderate expectation of good. It is true that something can be done in this way, but recently there has been more inclination to follow the usual practice of Medicine and attack structure. Strangely enough this attack has been of a violent kind, drastic surgery, powerful drugs and terrific electric shocks—violent, but often successful · Yet probably the best measures of all are preventive, and they are, put simply, a good heredity, a good home, good parents and a good education.

A novel method used in psychology has been to turn the subject into a drama. What a drama too! The wretched Ego striving to break forth, the rigid Censor, the sinister Unconscious, dark unholy villain of the piece, and then the sick and secret longing for the Mother and the loud tones of the forbidding Father with uplifted stick! It is not science, nor is it philosophy; but it is a work of genius. Unfortunately there is an uncouthness about it all, which needs extenuation. One has to make the best of it and wish that it had not been "made in Germany."

An observation which has been of great value is that which divides the mind into two parts, a conscious and an unconscious. Say that some poor woman tells us how her heart pains her and how she wakes at night panting and startled, and yet in all her body we can find no sign of disease, then we say that she is afflicted in her unconscious mind and that she is unaware of the nature and even the existence of this affliction. This is a very convenient theory, and for all one knows it may represent a truth, though incapable of the strict mathematical proof applied to a theory of physics.

There have been two great advances in knowledge in the present century, one came from the study of myth, magic, folklore and primitive religion, and the other from psychology. Without some equipment in these matters in the world of to-day a person would be groping blindly. (The majority indeed still is.) But between the two subjects there is one difference that is worth attention. Frayer, to take an example, wrote always well, often beautifully, but of writers on psychology one may generally say this, that though there is often a time for adopting the outlook that they reflect, there is never, never a time for adopting their style.

Helpful though it is in relation to other matters, psychology does not represent a final truth. Why then do some psychologists (not those one knows) proclaim in concert that they are the persons to tell young men and women what they should or should not do, arrange their careers for them in fact? Such a pretension would provoke a smile, if only humanity were a little less gullible. It must not be forgotten, either, that psychology is purely deterministic and that taken by itself it appears as a piece of profound pessimism. How can one rule what one does not know? How can one extirpate a base thing, if it is an integral part of oneself?

But are we after all so helpless? It is well to reassure ourselves that there is more in our minds than psychology might lead us to believe. The doctrines of Science are only true in Science's own sphere. Outside it there is another world, the world of spirit: for the old metaphor still serves. We cannot see it as plainly as the former, but we may catch glimpses of it in the works of Nature and in the operations of the mind. For us in this place there is no sound of sea nor scent of pine, no portal of the sunset nor wood of breathless expectation: yet it is not hard to lift a corner of the veil. If you walk down the street for five minutes, you may enter Southwark Cathedral. There it stands, the new and the old together, an emblem in a changing world telling us that there is something that may alter in guise but is permanent in principle, a testimony to the World of Spirit and to Man's Unconquerable Mind.

Correspondence

Front Surgery and the National Health Scheme

SIR,—The letter from Mr. John Foley which you published in the last issue of the *Gazette* draws attention, with good reason, to the present state of affairs whereby the Front Surgery which now offers a casualty service of the very highest order no longer caters for minor illnesses. By this means the dressers on duty, though gaining on the one hand, lose valuable experience on the other.

A wider issue is also involved, namely, the whole future of the general practitioner service in this country. Fear is expressed on all sides that before long the sole duty of the general practitioner will be to act as a sorting agent for patients on their way to the various specialist clinics. The remedy lies, I suggest, with the organisers of the new health scheme, with those directly concerned and, more especially, with those responsible for medical education. "Undergraduate training," states the Goodenough Report, "should have a definite bias towards the needs of the general practitioner." After all, for probably three out of every four medical students this will be the ultimate vocation.

Yet what does the student find? Almost every patient arriving at hospital is there because of the limitations or mistakes of his own doctor; those cured remain at home. The experts then proceed, with superior ease apparently, to provide all the answers. The inadequacies, perhaps even the errors, of the decisions thus made are never observed at the time—the general practitioner has the privilege of dealing with them later.

Turning now to prospects "the young man sees," under the new medical service, "the existing ditch which splits the practising profession being industriously deepened and widened. . . . Beyond it he discerns the Accredited Consultants, to whom shall belong whatever of honour, glory, power and dominion the profession may enjoy (while) on his side he sees the rest, general practitioners rather by inference than definition." Is it any wonder that so many graduates aspire to higher degrees?

"Social medicine" is a fashionable but inappropriate term. It implies mass studies, group treatment and statistical exercise. "Family medicine" would be better. Its successful practice is probably more of an art than that of any of the specialties. Its exponents can scarcely afford to be those who have failed in other fields. In other words, family medicine must be as much an attainment as, say, thoracic surgery, psychiatry or endocrinology.

Such a renaissance will not be easy to achieve. The establishment of separate departments or chairs of social medicine is too facile a solution. Students should be allowed to see from the first that there can be as much glamour in meeting and treating people in their homes as in manipulating the expensive apparatus of the consultants. They should have more opportunity of dealing with minor ailments and undertaking domiciliary visits than merely a few afternoon's attendance at Salomon's Centre and an occasional excursion with a Health Visitor. Apprenticeship should be served in general practice and, finally, there should be a higher qualification as a "family doctor," equally worthy with that of a consultant. Obviously, then, there must be scope for advancement in this field and possibly "distinction awards" might be granted.

Clearly these ideas are no more than adumbrations. Their putting into practice may depend upon the establishment of health centres, as Mr. Foley advocates. In any case the teaching hospitals must act as foci. Until some such changes as this come about I feel that the embarrassment with would-be specialists will continue and the dearth of family doctors, so essential to the welfare of the community, persist.

Yours, etc.,

ROY GOULDING.

Guy's Hospital, S.E.1.

Biennial Dinner

SIR,—Whilst my own experiences at the recent Biennial Dinner may have differed in a few material details from those of your Kensington correspondent, I think I am sure of the support of all the 314 who were present in extending our sincere thanks to our indefatigable secretary, J. H. E. Winston, to whom we largely owe the

enormous success of the evening. Those of us who came from afar and could find no haven of rest for the night, are doubly indebted to him for the enjoyable hospitality he arranged amongst old friends.

Winston, we thank you.

Yours, etc.,

E. HORACE RICHARDS.

Kenwood,
Princes Road,
Hartshill,
Stoke-on-Trent.

Text Books

SIR,—We second-year students are finding ourselves desperately short of books, particularly Best and Taylor's "Living Body," any edition, and Cunningham's "Practical Anatomy, Vol. II.—Thorax and Abdomen," Tenth Edition.

If students or ex-students have unwanted copies of these books we would welcome the opportunity to buy them, either by direct contact or through the Clubs Union Book Mart.

Yours, etc.,

A. GIBSON.

Guy's Hospital, S.E.1.

House Appointments

NOVEMBER 1ST, 1948—JANUARY 31ST, 1949.

GUY'S.

ASSISTANT HOUSE SURGEONS: To Sir Heneage Ogilvie and Mr. Blackburn: Mr. K. M. S. Hume.
Mr. Massie and Mr. Wass: Mr. J. Vance.
Mr. Eckhoff and Mr. Lawrie: Mr. D. C. Deuchar.
Mr. Atkins and Mr. Glover: Mr. T. E. Jeffreys.

ASSISTANT HOUSE PHYSICIANS: To Sir John Conybeare and Dr. Hardwick: Mr. E. W. Graham.
Dr. Douthwaite and Dr. Mann: Mr. P. Chadwick.
Dr. Boland and Dr. Baker: Mr. A. A. Craigen.
Dr. Hampson and Dr. Kauntze: Mr. K. M. Citron.

OUT-PATIENT OFFICERS: Mr. M. Hatton; Mr. W. F. W. Southwood; Mr. C. H. Talbot; Mr. R. G. O. Tayler.

HOUSE SURGEONS: To Sir Heneage Ogilvie and Mr. Blackburn: Mr. B. J. Fowler*
Mr. Massie and Mr. Wass: Mr. H. P. Jones*
Mr. Eckhoff and Mr. Lawrie: Mr. D. Keller.
Mr. Atkins and Mr. Glover: Mr. A. Brown*

HOUSE PHYSICIANS: To Sir John Conybeare and Dr. Hardwick: Mr. A. B. Dickie*
Dr. Boland and Dr. Baker: Mr. R. A. Miller.
Dr. Hampson and Dr. Kauntze: Mr. C. L. Joiner*
Dr. Douthwaite and Dr. Mann: Mr. H. E. F. Davies.

RESIDENT OBSTETRICIANS: Nov. 1st, 1948—Jan. 31st, 1949: Mr. J. M. Thomas*
Dec. 1st, 1948—Feb. 28th, 1949: Mr. C. G. Roberts*
Jan. 1st, 1949—Mar. 31st, 1949: Mr. R. D. C. Hart.

CHILDREN'S HOUSE PHYSICIANS: Mr. J. D. Wallace* Mr. N. K. Macrae-Gibson*

NEUROLOGICAL HOUSE PHYSICIAN: Mr. J. E. Blundell*

THROAT AND EAR HOUSE SURGEON: Mr. D. F. N. Harrison.

OPHTHALMIC HOUSE SURGEON and DERMATOLOGICAL HOUSE PHYSICIAN: Mr. T. S. S. Gregory* (Non-Res.).

GENITO URINARY HOUSE SURGEON: Mr. H. D. A. Hope.

ORTHOPÆDIC AND FRACTURE HOUSE SURGEON: Mr. K. A. Baker (Non-Res.).

HOUSE SURGEON TO THORACIC UNIT: Mr. E. F. Soothill.

ORPINGTON. ORTHOPÆDIC HOUSE SURGEON: Mr. D. W. Clark.
HOUSE SURGEON: Mr. M. W. J. Grummitt.
EAR, NOSE AND THROAT HOUSE SURGEON: Mr. R. A. Bruce.

PEMBURY. (To commence on November 14th, 1948). HOUSE SURGEON: Mr. F. R. H. Wrigley.

FARNBOROUGH. OBSTETRIC AND GYNÆCOLOGICAL HOUSE SURGEON: Mr. A. A. Turner.

JOYCE GREEN. HOUSE SURGEON: Mr. W. J. S. G. Rhys.

* Ex-Service Medical Officer.

Reviews

A Short History of Opthalmology. By ARNOLD SORSBY. 2nd Edn. Staples. *Price* 8*s*. 6*d*.

BY a brief description of the significant landmarks in the history of opthalmology, the author shows how one of the most exact of modern clinical studies has developed from the crdities of Babylonian surgery.

Those commencing the specialised study of Eye disease will find that this little book supplies a most interesting and comprehensive historical background to the subject.

P.B.

Hygiene and Health Education for Training Colleges. By M. B. DAVIES. 4th Edn. Longmans Green. *Price* 9*s*. 6*d*.

MUCH care goes into the selection and rejection of material in a book like this. It is clearly written in current scientific English, covers the ground, contains many interesting statements and is adorned with good diagrams and illustrations. Much information is conveyed in a compact space.

H.St.H.V.

Sport

HOCKEY

GUY'S *v*. UNIVERSITY COLLEGE

at H.O.P. Won 2—0.
Wednesday, 3rd November.

This game will be remembered as providing the sternest test for the 1st XI this season. The Hospital fielded a fairly strong side, with W. Mackey, H. Carter and H. Parker, being tried in new positions. G. H. Danford (Secretary) led the side in the absence of the captain, E. A. Murray.

University attacked from the start but, after a clearance, Guy's faced a short corner and S. Earl converted with a hard drive into the corner. Five minutes had elapsed since the bully-off.

Thereafter the match, fought hard and at a fast pace, developed into a ding-dong battle between the forwards and defences of both sides, the defences getting the upper hand on most occasions. The U.C. forwards, though setting a good standard in combination and speed, lacked the necessary finish which might have brought results. As it was most of their attacks resulted in melees within the circle which a recovering defence repeatedly turned to advantage, with C. Bishop coming through a crowd to save more than one desperate situation.

At the change-over, with the score 1—0 against them, the College continued to press hard in an attempt to get even, but both inside and outside lefts shot wide. Slowly, however, the advantage turned to the Hospital's favour. The forwards were now getting the measure of their opponents and began breaking through more often. On three occasions they narrowly missed scoring, one shot by S. Earl being turned round the post with a "kicker." Then, five minutes before time, a cross-pass on the line from R. Hodson caused a melee to the left of the goal, from which the ball came back to D. Duckworth who scored with a rising shot.

Team: C. Bishop, G. Danford, H. Parker, C. Robinson, W. Mackey, R. Keable-Elliott, D. Duckworth, D. Blake, E. Earl, H. Carter, R. Hodson.

GUY'S *v*. H.A.C.

Won 2—1.
Saturday, 6th November.

The hockey team set out once again to keep up their unbroken record, and at first the H.A.C. looked like beating us and pressed very hard; but our defence held them and it was some time before our forwards got together and took the ball into their half of the field. Once there the forwards seemed to be given new life and continued to press, but it was not until Blake made a brilliant lone run and after beating three defenders he reversed, sticked a goal from right off the base line, a truly remarkable show.

Then a few minutes later the H.A.C. rallied and by quick cross-passing beat our defence and equalised.

Then came half-time with the score at 1—1.

During the second half play was very even, but Blake with a terrific cricket drive put a ball into the net waist high, to make the Hospital 2—1 in the lead.

Great credit must rest on the 2nd XI for it was a 2nd XI team, except for Blake, Walker and Danford, playing a 1st XI fixture. The 1st XI were resting owing to a United Hospitals match on the Sunday, in which nine of the Hospital team are playing.

Team: F. Walker, D. McGill, G. Danford, N. Price, W. Dobson-Smyth, N. Porter, H. Meyer, D. Blake, L. Emery, W. Mackey, R. Thomas.

FIRST ROUND OF THE UNIVERSITY OF LONDON INTER-COLLEGE CUP

GUY'S HOSPITAL *v*. CHARING CROSS AND ROYAL DENTAL HOSPITALS

Away. Won 2—1.
Wednesday, 10th November.

From the bully-off play was forced into the opponents' half and their goal was threatened on several occasions. After about twenty minutes the opposing forwards broke through into our circle, a penalty corner was awarded against us, and from this they managed to score. After this play was carried back into their half and just before half-time, L. Emery equalised for us with a perfect goal.

After half-time we continued to press strongly, our backs spending the greater part of the time on the half-way line. Despite this, however, our forwards were unable to beat the goal-keeper, who played an excellent game. Thus, at full time the score remained at one all.

It was then decided to play a further ten minutes each way and it was not until the last minute of play that W. Rhys-Jones scored from the edge of the circle.

The result of this match is noteworthy in that it was played by the 2nd XI, supplemented by two 1st XI players.

Team: C. Bishop, W. Parker, P. Kapff, N. Price, W. Dobson-Smyth, C. Robinson, D. Thomas, L. Mackey, L. Emery, H. Meyer, W. Rhys-Jones.

GUY'S HOSPITAL *v*. GRAVESEND

at H.O.P. Draw 3—3.
Saturday, 13th November.

The Hospital was at full strength against a much-improved Gravesend team. N. E. Price was tried at left half-back.

The visitors attacked first keeping the defence busy, and it was ten minutes or so before the Hospital forwards carried the ball into the Gravesend circle. Once there, they continued to press strongly. Three short corners were forced over a short period and from these, S. Earl hit two goals which were, unfortunately, disallowed for sticks. Then, after a melee in the goal-mouth, D. Blake scored with a scoop shot.

At the start of the second half, Guy's still had more of the play, and the opposing defence played well in beating off several attacks. The Hospital half-backs and forwards were now combining as well as they have ever done. At last, a good pass *from R. Hodson found the inside-right, C. Opie,* unmarked and he scored with a flick past the keeper. Then, in one of those runaway goals that are an ever-present threat to attacking backs, a quick clearance by Gravesend gave their inside-right the chance to break through and score with a bouncing shot. Thereafter, Guy's began to tire, and the initiative seemed to pass to the visitors. Their attacks became more co-ordinated, they forced three corners, and it was only some good rushing-out by the defenders which prevented a conversion. At this point a quick rally by the Hospital brought them a lucky goal when, after a scrummage on the right, C. Opie got his stick to a cross-pass which the keeper missed in trying to kick clear. Then, again it was the visitors who had more of the play, and very soon their inside-right dribbled past a back to score with a hard shot from the top of the circle. Guy's were now trying hard to keep their lead but Gravesend never relented. Their hard-working forwards reaped the just reward of an equalising goal in the last minute when the outside-left scooped the ball into the net from short range.

Team : F. Walker, W. Parker, G. Danford, R. Keable-Elliot, E. Murray, N. Price, D. Duckworth, D. Blake, S. Earl, C. Opie, R. Hodson.

ASSOCIATION FOOTBALL

LONDON UNIVERSITY INTER-COLLEGIATE CUP, 1st ROUND

GUY'S *v.* BATTERSEA POLYTECHNIC

at Collierswood. Won 4—1.
Saturday, 6th November.

Team : A. H. Whitaker, D. Lipington, P. J. Holloway, D. G. Matthews, F. Young, D. C. Harris, J. C. Leckie, D. E. Sturdy, A. Fearn, N. I. Lewis (Capt.), P. Burns.

Guy's now play Imperial College (away) in the 2nd Round.

SOUTHERN AMATEUR LEAGUE

GUY'S *v.* BANK OF ENGLAND

at H.O.P. Lost 2—4.

Team as above except R. Skaith vice A. Fearn at centre forward.

The following players assisted United Hospitals A.F.C. in beating The Stock Exchange F.A. 7—1, at Mary's Ground, Teddington, on Wednesday, November 10th, 1948 :—

D. Lipington (right back), F. Young (left back), D. G. Matthews (right half), J. C. Leckie (outside right), D. E. Sturdy (inside left).

Hospital Information, etc.

WAR MEMORIAL APPEAL

Donations received up to 31st October 1948

£15.—Viljoen, T. G. £10 10*s*.—Shire, T. H. £10.—Gladstone, Sir Albert. £5 5*s*.—Brock, R. C.; Cann, R. J.; Cobb, W. E. S.; Cresswell, P. E. and S. C.; Douthwaite, A. H.; Gill-Carey, C.; Hart, M. F.; Henderson, C. S. and Mansie J. W.; Kauntze, R.; Kelsey Fry, W.; Lane, L. E.; Massie, G.; Munro, H. A.; Rink, E. H.; Rix, R. E.; Turner, T.; Warner, F. S. £5 1*s*. 7*d*. —Harris, M. J. £5.—Faull, J. L.; Jabir, S. M. M.; Jacobson, S. P.; Law, F. W. £3 3*s*.—Eustace, R. J.; Holland, R. O.; Hollington, J. L.; McArdle, M. J.; Robin, I. G.; Southwell, B.; Spencer, W. H.; Toulson, D. K.; Worth, H. M.; Young, A. £2 7*s*. 7*d*.—Thaler, S. H. £2 2*s*.—Barrowclough, J. R.; Coburn, M.; Cox, J. R.; Darke, C. S.; Ebsworth, J. D.; Franey, R.; Grudgings, T.; Harley, H. N. W.; Hunt, J. N.; Kingston Knight, F. H.; Knight, H. S.; Lansdown, R. B. P.; Lloyd, E. A.; Mullens, W. J.; Parker, R. A.; Paterson, J. F.; Payling Wright, G.; Plowright, O.; Pusey, R. F.; Russell, H. P.; Selby, H. J.; Thomas, G. T.; Thompson, R. H. S.; Trounce, J. R.; Wheldon, G. W.; Whimster, W. S. £1 1*s*.—Anderson, D. J.; Barford, L. J.; Baxter, E. W.; Billing, E.; Bookless, J. S.; Boucher, C. A.; Bradley-Watson, H.; Bryant, P. D.; Coling, P.; Crabb, H. H.; Cross, W. G.; Doll, H. W.; Edney, H. E.; Edwards, D. R.; Evans, P. R. C.; Goble, Mrs. I. M.; Graeme Wright, E.; Grasby, E. D. Y.; Halamandres, N. M.; Henderson, I. D.; Holt, S.; Houston, J. C.; Knight, L. A. C.; Laver, C. H.; Layton, T. B.; Leeming, A.; Lomax, R. G.; Marshall, C. W.; Miller, A.; Peregrine, H. L.; Price, T. M. L.; Reynolds, G. L. L.; Robertson, J. M.; Rogerson, F.; Rowlett, A. E.; Shuttleworth, C. W.; Stares, F. N.; Stewart, C. J.; Targett, W. K.; Thomas, H. and Hilda Barton; Turner, H. M. S.; Vellender, B. F.; Vogt, H. V.; Wills, J.; Winn, T. L.; Zorab, E. C. £1.—Bamber, H. E.; Clogg, D. S.; Fox, C. H.; Osborne, L. B.; Sidebotham, J. F. N.; Warren, J. W. E. 10*s*. 6*d*.—Dean, W. T.; Foss, M. E.; French, R.; Robertson, G. S.; Vine, S. M.; Williams, G. L. M. 10*s*.—Cann, L.; Fry, L. S.; Henry, C. J.; Hickman, F. B.; Hurst, A. V. 5*s*.—Ross, A.

NOTICES

GUY'S HOSPITAL, S.E.1.

Applications are invited for the appointment of Medical Registrar to the Evelina Children's Hospital of Guy's Hospital, appointment to start as soon as possible at a salary of £600 per annum, plus superannuation, payable half by the Medical School and half by the Hospital, plus family allowance on the School's share of the salary. Forms of application obtainable from the Dean, Guy's Hospital Medical School, which should be forwarded, together with the names of three referees, not later than 26th November.

Applications are invited for the appointment of Medical Registrar to Guy's Hospital, appointment to start as soon as possible at a salary of £600 per annum, plus superannuation, payable half by the Medical School and half by the Hospital, plus family allowance on the School's share of the salary. Forms of application obtainable from the Dean, Guy's Hospital Medical School, which should be forwarded not later than 26th November.

CHANGE OF ADDRESS

D. I. A. Alban-Jones, M.R.C.S., L.R.C.P., 598, Chaussée de Jette, Bruxelles.

K. M. Gough, M.B., B.S., 103, Holland Road, Hove, Sussex. (Tel. : Hove 3444.)

F. R. Kilpatrick, M.S., F.R.C.S., 9, Devonshire Place, W.1. (Tel. : Welbeck 4054.)

C. M. Dave, Surg.-Lt. Comdr., R.N., H.M.I.S. Delhi, Fleet Mail Office, Bombay.

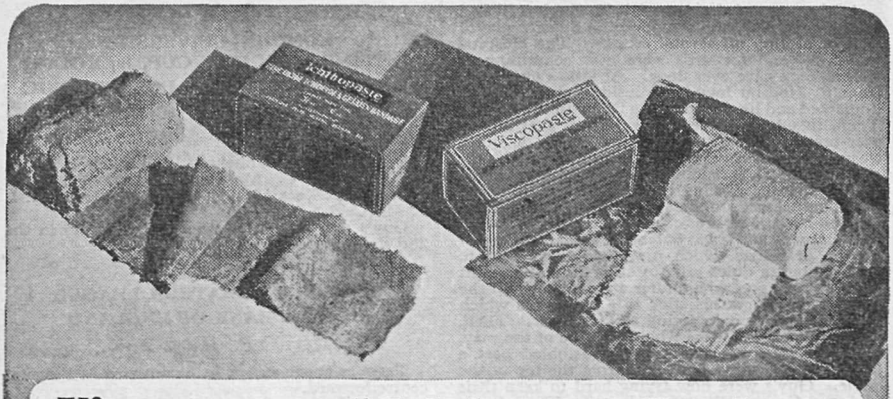
J. G. Stebbing, M.B., B.S., 86g, Compayne Gdns., N.W.6. (Tel. : Maida Vale 8580.)

S. H. Wass, M.S., F.R.C.S., 9, Devonshire Place, W.1. (Tel. : Welbeck 4054 ; Evenings : Frobisher 1880 (unchanged.))

Correction.

R. Kauntze, M.D., M.R.C.P. (Tel. : No. is Western 0964.)

Eds. {H.A.R. R.A.K-E.



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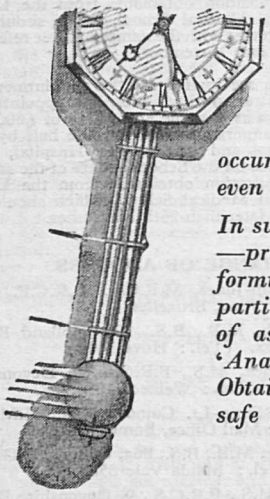
Viscopaste and Ichthopaste bandages are recommended as an alternative to elastic adhesive bandaging, in the treatment of chronic varicose and eczematous conditions and where the patient's skin is hypersensitive. Both bandages have non-fray edges and are thoroughly impregnated with zinc oxide gelatin paste of the Unna type. Ichthopaste contains, in addition, 2% Ichthyol.

Available in 6 and 10 yd. lengths by 3½" wide. Descriptive literature may be obtained on request to the Medical Department of the Manufacturers.

Viscopaste & Ichthopaste Bandages *are made in England by T. J. Smith & Nephew Ltd., Hull*



With monotonous regularity, pain associated with the menstrual cycle occurs, in certain cases, over a period of years, even in the absence of any specific organic defect.

In such cases—often purely functional in origin—prolonged administration of a non-habit-forming sedative is indicated, and 'Anadin' is particularly suitable. Combining balanced doses of aspirin, phenacetin, caffeine and quinine, 'Anadin' exerts a dependable analgesic effect. Obtainable at all chemists, 'Anadin' is completely safe in the hands of the patient.

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GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry and Hospital News

PUBLISHED FORTNIGHTLY

Vol. LXII. *No.* 1575 *4th December* 1948 *Ninepence*

PASSIM

" Vigour and abundance of voluntary action outside the citizen's home, both individually and in association with others, for bettering his own and his fellows' lives, are the distinguishing marks of a truly free society."

VOLUNTARY hospitals, as such by definition and establishment, virtually ceased to exist in this country on 4th July, 1948. Instituted and maintained entirely by charitable motives, prompted in many cases by religious inspiration, they provided almost the only means of help and restitution for the sick and poor over the span of centuries. Despite the vicissitudes they endured and the attendant " shortage of chink "—to use the 1897 *Guyoscope* phrase—that beset them, they never faltered in meeting the pressing demands made upon them.

With the nineteenth century and the evils accruing from intense industrial development there came an awakening of social conscience. It was a time of private enterprise at its zenith, not least of all in the fields of philanthropy and social reform. Characters like those of Elizabeth Fry, Lord Shaftesbury, Charles Booth and Samuel Barnett, to name but a few, aroused the interest of the public to the miseries and injustices prevailing in the land. Illness, accident, poverty and untimely death came to be accepted as the lot of anyone, the hazard of circumstance more than the reward of sin. British social evolution followed its natural course and voluntary action preceeded official recognition. Ultimately, as the various schemes for assistance grew in extent and complexity, the instrument of government took over responsibility and security was offered in exchange for service and contribution. So, by the middle of this twentieth century, England stands forth as the " social service state."

On all sides anxiety has been felt that by this attainment the spirit of voluntary endeavour—" that initiated and governed without external control "—would be extinguished for ever. Never could this be more disastrous. " Freedom from want " means, in practice, the provision of no more than the basic minima. Government agencies are charged with the management and safeguarding of public funds. Grants are made, therefore, according to utility value and uniformity of dispensation. No one will claim that the " chair, wooden, soldiers, for the use of " seen in so many barracks represents a model of comfort and beauty, or that the " meal, mid-day, hot " served in the average canteen is the quintessence of nutritional knowledge and culinary art. No, when authority provides for material needs it does so without refinement and at the sacrifice of individuality.

Further there is that " friendship and personal care such as cannot be rendered by an official, however competent and kind-hearted." The character of a place derives not from its fabric alone, but from the nature of its imponderable human element.

At this stage then, more than ever, there is scope for voluntary action and that particularly in the realm of the modern hospital. If Guy's, under the new system, is not to become just another functional unit in the health service of the country but a centre with a character of its own, further voluntary efforts are undoubtedly required.

First, as regards material requisites, let no one be satisfied with walls (even freshly painted), beds, furniture and instruments in supply sufficient for operational needs. To patients in bed the radio offers great advantages. In this respect the Ladies' Association has already demonstrated what can be done. By virtue of funds voluntarily accumulated, the installation is now proceeding and will, it is understood from the

Works Department, be completed in a matter of months. The quality and design of furniture and furnishings contributes much to the atmosphere. When funds are available great improvements might be made in this respect, especially in out-patient departments. Decorations, not of "glittering tinsel" nor of those strange trends which in other quarters have given so little satisfaction of late, can, if applied with a sense of colour and art, brighten any aspect. Bedding of the type that one associates with the home rather that the quarter-master's stores has much to commend it. China and cutlery, if delicate, is a satisfying accompaniment to any meal, while food delicacies can be devised almost indefinitely. Let there be no mistake, it is not the impracticable that is being advocated, only the accent on the nursing home rather than the poor-law institution. Only by voluntary aid can this be assured. The Guild of Ex-Patients sets an impressive example. Much has been done already; more remains to be achieved.

Then there are those "services . . . which cannot be rendered solely by paying for them." They comprise the general attitude that goes to make medicine an act of "sympathy touched with understanding," to quote Lord Horder. To this subject much space has recently been devoted in a contemporary medical journal. For those not used to a large hospital it is a frightening place. Even with an appointments list patients sometimes wait for two or three hours in constant uncertainty of their fate. Doctors have been known to receive a patient in a clinic and, without so much as a greeting, embark upon a most erudite discourse of a host of unusual and alarming diseases to the assembled throng of students before saying a word to the victim, there to seek advice, treatment and reassurance. For visitors, the few hours in which they are allowed to see their ailing relatives during the course of a week are all too brief. Surely they deserve to be given every consideration instead of being regarded as troublesome intruders. Noise, whether of workmen or cleaners armed with the latest phantasmagoric labour-saving contraptions, can be distracting to a point of terror. Finally, the patient in bed has hours for introspection. Occupational interest, of a useful nature, should be an essential and not an accessory service. Yet these items can be of minor importance compared with the seriousness of leaving the disorganised mind in ignorance of the condition of the diseased body. A word or two of encouragement and explanation takes so little trouble.

Never for one moment is it suggested that a wholesale indictment under these headings can be levelled at Guy's. The danger is that lapses may, and do, occur from time to time. Comment from outside would be resented. The bed-letter directive of the T.L.C. (tender loving care) type perpetrated in a particular American children's hospital is an affront to our understanding. Guy's is assuredly renowned for its clinical and experimental standards. Yet it is by the voluntary spirit throughout the hospital, providing more attractive and confortable surroundings and maintaining unremittingly a pleasant, helpful and sympathetic atmosphere, that it will, in addition, stand out not simply as the administrative focus of a particular region but as a house of salvation in its own right.

CONGRATULATIONS are offered to Dr. E. R. Boland now that he has added to his manifold duties as Dean of the Medical School those of further responsibility as Dean of the Faculty of Medicine in the University of London for 1948–50. He is the first Guy's man to be elected to this position. Those who know him and are acquainted with his work will certainly agree that his influence on the medical teaching throughout the University and its constituent medical schools will be invaluable.

WHEN, in 1947, women students entered Guy's for the first time the Clubs' Union Council boldly declared that they should be granted equal rights with men as members and that no special privileges should be accorded to their sex. Questions of accommodation, however, are not so easily settled. At the behest of the Medical School a common room has been made available for their exclusive use. Situated on the second-floor of the College, in the south-west corner, it has been adapted from two bedrooms. Rebuilt and redecorated it affords most comfortable, if somewhat limited, space for the present contingent of forty women. The colour scheme, predominantly pale-blue and red, as also the furniture, is in excellent taste and reflects great credit upon those responsible for its choosing.

SUCH is the appeal of magic that more than three-hundred people must have crowded into the Physiology Theatre on Tuesday evening, 23rd November, when Mr. R. Bragg, a practising dentist, was invited by the Students' Union to give a talk and, what is more, a demonstration on Hypnotism. Patiently the audience listened to the address, paying this price for the exhibition promised at the end. Some slight disappointment was therefore evident when all that eventuated was an attempt by the hypnotist to induce sleep in the assembled company, *en masse*. The majority, intent on observing the helplessness of the more susceptible, put up a deliberate resistance. Three subjects actually succumbed. To those who have endeavoured to sit through a lecture on a warm afternoon in this theatre, especially with the epidiascope in action, a display of keeping the company awake might have proved more convincing.

Mr. Bragg's conclusions were, nevertheless, most reasonable. Hypnotism, he declared, was an accepted phenomenon. As a science, though, it could not be regarded, nor as a therapeutic measure could it be employed to any useful or reliable extent. At Guy's, both the late Sir Arthur Hurst and the late Dr. Gillespie found hypnotism to avail in certain otherwise intractable cases, but neither of them could really recommend the method as a valuable addition to the recognised modes of treatment.

MISS KATHLEEN BANKS, who trained at Guy's from 1918–22, has been the Matron of the Methodist Mission Hospital at Fatshan—in South China—for 25 years (including 3 years as a prisoner-of-war in Canton). This Hospital and Training School for Chinese nurses celebrates its centenary in 1950 and is being rebuilt. Past and present Guy's nurses and their friends recently sent £100 towards the new children's ward and Miss Banks sends her most sincere thanks for this most welcome gift.

DR. K. S. MACLEAN has been appointed Assistant Director to the Department of Medicine in succession to Dr. R. Kauntze. After graduating B.A. (Cantab.) in 1936 Dr. MacLean qualified L.R.C.P., M.R.C.S. in 1938 and took his M.B., Ch.B. that same year. House appointments followed at Guy's and Farnboro', then seven years with the R.N.V.R. For the past two years he has been a Medical Registrar at Guy's, taking his M.R.C.P. in 1946 and being awarded his M.D. in 1948.

Appreciation

NORA LIVESEY.

NORA LIVESEY entered the Preliminary Training School at Guy's Hospital in September, 1926, having previously served as a V.A.D. in the 1914–18 war, and completed her midwifery training at Queen Charlotte's Hospital. She was therefore considerably older than the majority of her colleagues and quickly endeared herself to us as the "Mother" of the set. She helped and comforted us in the many perplexities which beset us and was our counsellor and guide.

She had a great sense of humour, merry twinkling eyes and always seemed to enjoy her work. She was a most capable nurse, with a great love for, and interest in her patients.

Unfortunately, she had to give up her training at the end of about eighteen months as her parents needed her at home, but as soon as she could be spared she became a very active member of the British Red Cross Society and later took up midwifery again and worked in Reigate, her home town.

For years she was never without pain in her hip joints and, in spite of various treatments, the arthritis persisted. Even so, she carried on with indomitable courage and cheerfulness until eventually she came back to the training school she loved so well for the operations from which she never recovered.

The news of her passing on November 7th came as a great shock to us all. Death held no fear for her and she met the call to Higher Service with the same gallant spirit in which she lived. For us who are left there is a tremendous sense of personal loss, and we extend our sincerest sympathy to her mother and other members of her family.

E.A.O.

The Hazards of Being Born

A Clinical Lecture delivered at Guy's Hospital on 22nd November, 1948

By P. R. EVANS, M.D., M.Sc., F.R.C.P.

THE day that you were born was perilous, and indeed for many of us it is exceeded in danger only by the day in which we die. But before considering the hazards of being born, let me sketch the background of the picture.

"Why were you born so beautiful?
Why were you born at all?"

asked the song-writer, and indeed the chances were not entirely in your favour. Conception (to begin at the beginning) is a wasteful process. Aldous Huxley's Fifth Philosopher sang:—

"A million million Spermatozoa,
All of them alive,
Out of their cataclysm but one poor Noah
Dare hope to survive.

And among that billion minus one
Might have chanced to be
Shakespeare, another Newton, a new Donne . . .
But the One was Me.

Shame to have ousted your betters thus,
Taking ark while the others remained outside·
Better for all of us, froward Homunculus
If you'd quietly died!"

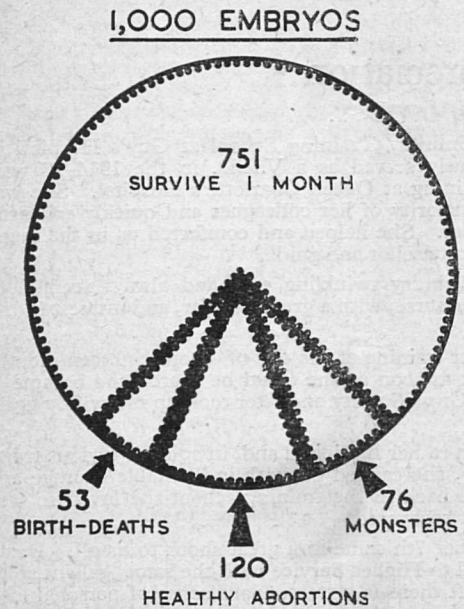

Fig. 1

The sentiment is one-sided: we might have had another Newton or Shakespeare, but better an Aldous Huxley than another Landru or Torquemada. In any case the one spermatozoon did not die, it fertilised an ovum and embryonic life began. Mall calculated that of 1,000 embryos, about 76 would be grossly diseased; 70 of them would be discarded by abortion; and the other 6 would be grossly abnormal and born at or a little before term. A further 120 healthy embryos would also be aborted, and 3 would be implanted outside the uterus and would suffer the usual fate of ectopic gestation. Another 30 would be still born. This leaves 770 to be born alive, after the 28th week of pregnancy. During the first month nearly 20 of them would die, so that we have a final group of 750 or so who would be fairly launched into the world.

I am not this afternoon concerned with the unimaginable risk of not being conceived, or of being misplanted, miscarried, macerated, mortified or malformed. My subject is that of birth injury.

Still birth and early Neonatal Death.

The death of a child as soon as it is born is not as tragic a loss as that of an individual we have had time to know, but its unique pathos has been well described by Charles Lamb in his poem " An Infant Dying As Soon As Born."

" A floweret crushed in the bud,
A nameless piece of Babyhood,
Was in her cradle-coffin lying;
Extinct, with scarce the sense of dying;
So soon to exchange the imprisoning womb
For darker closets of the tomb.

Shall we say that Nature blind
Check'd her hand, and changed her mind?"

About half the deaths occur before delivery, and half in the first month. At a rough estimate, we may say that of 5 such deaths:

1 occurs before the onset of labour.
2 occur during labour.
1 occurs on the first day.
1 occurs in the rest of the first month.

Thus 3 are particularly connected with birth.

The main causes of death during or very soon after birth are :—

Prenatal (macerated)	15%	Anoxia	20%
Congenital Defects	15%	Birth Trauma	15%
Prematurity per se.	20%	Other causes	15%

This again is only an approximation, the figures vary in different clinics. The conditions which concern us now are Anoxia, and Birth Trauma, which account in most clinics for 30–45% of deaths.

Anoxia.

The respiratory movements of the new born child are gentle and rhythmic, although they may be a little irregular. They are preceded by crying. A moderately asphyxiated baby will breathe in this way but more faintly and irregularly. If, however, there is severe anoxia a more primitive and less efficient mechanism, that of the irregular gasp, is used. The gasps may not suffice to oxygenate the brain, so that the baby dies, or they may do so, when the ordinary type of asphyxial breathing will replace the other. This faint shallow breathing may also change either way, it may degenerate into gasping or it may improve until the child is breathing normally. The cause of asphyxial or anoxic death is to be sought in the respiratory centres in the central nervous system, although muscular weakness or the presence of amnionic fluid, meconium, vernix and mucus in the respiratory passages may be important accessory factors.

There are 3 main causes of incapacity of the respiratory centres.

1. Intrauterine anoxia due to separation of the placenta or prolapse of the cord, or occasionally to respiratory or cardiac disease of the mother.

I am not going to say much about these, as many of you (I hope) know more about obstetrics than I do. You can well imagine how partial separation of the placenta from the uterine wall cuts down the amount of oxygenation of the infant's blood, just as massive collapse of the lung does at a later age. Placenta prævia may be dangerous to the mother because it causes bleeding, but it is also dangerous to her child. When I was a midwifery student in Dublin the conservative obstetricians there had just started to teach that Cæsarean Section was the right treatment for placenta prævia in a first pregnancy, so that the baby might be delivered quickly, before irremediable damage had been done to the nerve cells. Cæsarean Section must have saved the lives of countless infants since then, although it is not the perfect answer, for children born in this way may be " difficult to get going." It is as though the usual slow journey through the maternal passages sensitises the respiratory centre so that it shall respond quickly after birth.

The actual primary stimulus which makes the baby breathe is lack of oxygen. When this is not completely effective, sensory stimuli may be valuable. The change of temperature from that of the mother to that of the labour room, slapping the skin, and perhaps even the effect of carbon dioxide (from an inhaler) on the nose, are stimuli of this sort. Forced inflation of the trachea and lungs is also effective.

2. The second reason for failure of the respiratory centres to react properly is interference with their function by hæmorrhage. This may actually disrupt tissue, or it may interfere with function by pressure; after the initial damage has been done œdema may be responsible for some of the ill effects.

Hæmorrhage is usually the result of a long and difficult labour and thus is more common in first labours. Reid considers that there is an irreducable risk of fœtal death in 0.3% of births; he found the risk to be 11.6% in labours lasting 20–40 hours, and 29% if labour lasted more than 40 hours.

Fatal Intracranial Hæmorrhage in the Newborn. (Modified from Craig.)

Hæmorrhage %	Prem. %	Primogeniture %	Forceps %	Breech %	Toxæmia %
Subdural 50	30	70	60	15	10
Subarachnoid..... 30	20	50	10	15	10
Intraventricular 15	85	50	15	10	60
Brain substance 5	—	85	80	—	—

Cerebral hæmorrhage is difficult to diagnose: an anxious expression, spongey resistance of the anterior fontanelle, apparently causeless crying or sudden screaming, and later progressive weight loss and weakness may indicate the underlying damage.

Massive intracranial hæmorrhage is usually fatal, but complete recovery may occur as in a case I saw with Mr. Blaikley a little time ago. Here the cerebrospinal fluid was so red that I thought the lumbar puncture needle was in a vein, and in the first 10 days there were obvious signs of paralysis, but now at the age of one year the child is walking and talking and is in fact an unusually vigorous and intelligent infant. The injection of Vitamin K into the mother from 12 to 2 hours before delivery has been advocated as a method of preventing intracranial hæmorrhage, but evidence of its efficacy is not convincing.

The treatment of these hæmorrhages is unsatisfactory. Lumbar puncture may aid diagnosis but disturbs the child and probably does not improve the prognosis. Double strength saline or 10% magnesium sulphate may be injected into the rectum, with the idea of reducing the C.S.F. pressure, but actually the pressure is usually not high.

3. The third factor producing neonatal asphyxia is depression of the respiratory centres by analgesics or anæsthetics. Quite apart from the inestimable boon of relieving pain, analgesics conserve the mother's energy, and anæsthetics permit labour to be shortened, both things which benefit the baby, but every drug which is used for this purpose can depress the respiratory centres. Obstetric analgesia delays the onset of respiration after delivery, but fortunately babies are quite unharmed by periods of apnœa which would kill older people. Nevertheless, sedatives and anæsthetics should be used sparingly, and some of them are better not used at all.

Morphine and related alkaloids are particularly dangerous. Paraldehyde seems to be quite safe, and moderate doses of barbiturates and scopolamine in combination are not dangerous. In spite of early enthusiastic reports, pethidine is under suspicion. Self-administration of gas and oxygen with Minnett's apparatus is quite safe.

Of the anæsthetics, N_2O/O_2 mixtures are apt to induce anoxia, but ether is unlikely to produce serious effects although it does narcotise the child. Cyclopropane and ethylene have no advantages over ether. Chloroform is not free from risk to mother and child, although it is so convenient where the doctor is working single-handed that it will probably continue to be used. Perhaps it may be replaced by pentothal, which seems to be very satisfactory if it is used to produce only a short period of anæsthesia at the end of the second stage. Local, caudal and spinal anæsthesia are safe for the baby, but probably more dangerous to the mother than other forms of anæsthesia.

The treatment of anoxia embodies the following measures:—

1. If the fœtal heart rate falls below 110 there is intrauterine anoxia, and delivery should be as rapid as possible.

2. After delivery, the airway must be cleared by gravity, the use of the mucus catheter, and perhaps suction through an intratracheal catheter. I will not describe these procedures in detail as Mr. Gibberd and Mr. Blaikley, who have contributed so much to practice in this respect, are better able to teach you about them than I am.

3. The provision of oxygen, preferably administered in an oxygen tank or tent, and failing that by two nasal catheters, is probably helpful. Anoxic or narcotised respiratory centres do not respond to CO_2 so that CO_2/O_2 mixtures are not indicated in this type of respiratory failure.

4. Inflation of the lungs, by means of an iron lung, or a machine with a face mask which can provide a positive pressure, or by mouth-to-mouth blowing, is undoubtedly valuable. The first insufflation should be at a pressure of 30 cm. of water, all subsequent ones at 10 to 14 cm. The difficulty about this measure is that a machine with a manometer is usually not available. Simple mouth-to-mouth insufflation may infect the baby, and if one blows too hard one may rupture alveoli. As a recent writer put it: "Mechanical resuscitation of the infant should be carried out by someone who knows what he is doing."

5. Rubbing or patting the skin will often stimulate respiration but one should avoid what the writer of a letter to the B.M.J. recently called a sadistic attack upon the infant.

6. The injection of α— lobeline (2 mgm.) or coramine (0.5 cc.) into the umbilical vein may be followed by sudden inspiration, probably due to stimulation of receptors in the carotid sinus. Unfortunately these drugs seem to be ineffective in severe anoxia.

The prognosis of neonatal asphyxia is good, and in most cases complete recovery occurs. In a minority, including most of the severe cases, death occurs. On the borderline between the two there are a few who remain severely asphyxiated for hours or days, but eventually recover. In some of them there is later evidence of mental defect, epilepsy, or paralysis.

Birth Injuries.

There is little time left to describe other hazards, like hæmorrhagic disease of the newborn, neonatal pneumonia, coliform meningitis and so on. Perhaps I may return to them in a later lecture, but I would like here to mention the common injuries. These are in the main, hæmatomata, fractures, and peripheral nerve injuries.

Cephalhæmatoma is a common cause of anxiety as parents may fear underlying damage to the brain. Their fears are usually groundless, although there may be a linear fracture of one of the cranial bones beneath the subperiosteal hæmorrhage. The swelling is limited to the area over one bone, *i.e.* it does not cross a suture line. It rarely becomes infected and should not be aspirated unless it does. The border of the swelling becomes hard, and disease of the bone may be suspected, but the whole thing gradually disappears. The swelling of a meningocoele projects more than that of a hæmatoma, and it can be reduced in size by pressure, so that there is no need to confuse the two conditions.

Subdural hæmatoma is a rare condition which is usually only diagnosed when the child later on develops convulsions, and perhaps hydrocephalus. The actual diagnosis demands expert investigation, but we should all be prepared to consider the possibility.

Sternomastoid hæmatoma produces a tense swelling which is clearly in the muscle. It may follow breech delivery. It disappears gradually and leaves no sequelæ.

Fractures.

Apart from fractures of the skull, which have been mentioned, I suppose the clavicle is the bone most often broken during delivery. Other long bones may however be fractured, some of you may have seen a baby with a fractured femur in Victoria Ward earlier this year. Fractures at this age do not appear to upset the child, and more remarkably they unite very satisfactorily without any elaborate splinting. Some restraint may be desirable (*e.g.* a modification of the 3-handkerchief method of treating a clavicle; the femur may be held to the abdominal wall, with the hip flexed, by a wide binder) but that is enough.

Peripheral Nerve Palsies.

The commonest palsy is facial, and is produced by pressure of the forceps blade over the seventh nerve. Full recovery without treatment is the rule.

Brachial palsies are fairly common. They result from pressure on the 5th and 6th cervical nerves of the forceps blade or the finger (in the Mauriceau-Smellie-Veit manœuvre), or the clavicle when there is difficult in delivering the shoulders. Recovery occurs. Unfortunately the nerves may be torn by traction, and in these less common cases some paralysis is likely to persist.

Two varieties of brachial palsy are recognised :

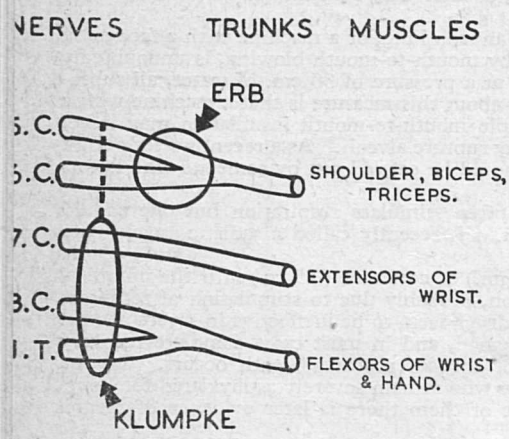

Fig. 2

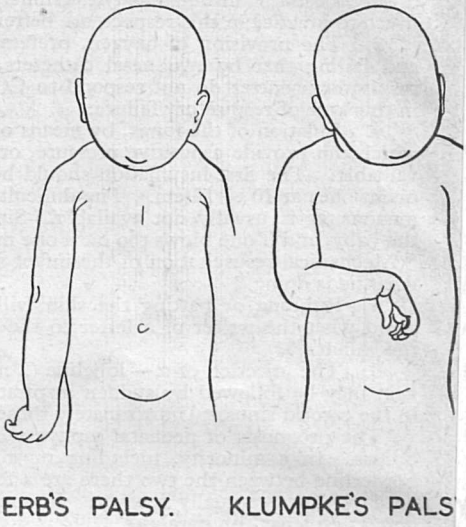

Fig. 3

1. Erb's palsy of C 5 and 6, involving supra- and infra-spinatus, deltoid, biceps and perhaps triceps, causing the arm to lie down by the side of the body, internally rotated in the "porter's tip" position. Phrenic paralysis is a complication.

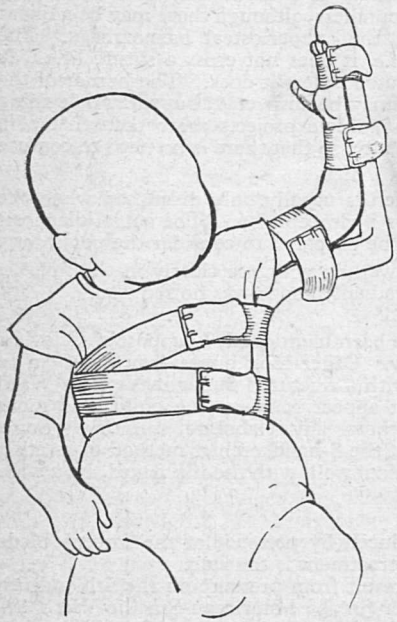

Fig. 4

2. The much less common Klumpke's paralysis, due to tearing of the roots of C7 and 8, and perhaps others, involving the muscles of the fore-arm ; the elbow and wrist are flexed. Sympathetic paralysis is common (Horner's syndrome).

The treatment is to put the paralysed muscles in a relaxed position, using an aeroplane splint for Erb's palsy and a cock-up splint for the fore-arm in the Klumpke type. Physiotherapy will be needed.

Time does not allow me to deal with the less common injuries, or with the indirect and later hazards of being born. If we had not survived the process we would not have to fear the pains of carcinoma or ingrowing toe nail ; renal colic and unrequited love would be unknown to us ; humiliation, suicide and seasickness undreamed of ; the infinite domain of suffering would be unexplored. But we would also miss the pleasure of seeing a sunset in the hills, of picking a winner, and other delights which I may safely leave to your imagination.

[The Diagrams come from the Illustration Department of Guy's Hospital.]

Guy's Diary

DECEMBER

ACADEMIC

Dec. 6th. Exhibition. "Gall Stones." Surgical Dept.
12.00. Mr. W. Kelsey Fry. Dental Clinical Lecture. "Difficulties encountered during the extraction of teeth and procedures employed in overcoming them." Dental Theatre.
1.00. Dr. Marston. Clinical Lecture. "Avoidable Accidents in Anæsthesia."
3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.
4.45. Dr. Vulliamy. "Glandular Fever." Department of Child Health. Postgraduate Lecture. Preclinical Classroom.

7th. 5.00. Dr. Bishop. Clinical Lecture. "The role of laboratory investigations in the diagnosis of endocrine disorders." Preclinical Classroom. (M.R.C.P. Candidates).

9th. 1.00. Mr. Wass. Clinical Lecture. "Diarrhœa."
4.30. X-Ray Meeting. Gordon Museum.
5.00. Professor Spurrell. Film. "Milk: (*a*) The Science of Milk Production; (*b*) Clean Milk; (*c*) Tuberculosis." New Theatre.

10th. 1.00. Dr. Mann. Clinical Lecture. "Hyperthyroidism."
2.15. Medical Department Combined Round. Preclinical Classroom.

11th. 10.00. Mr. E. W. Riches (Middlesex Hospital). Surgical Departmental Round. Clinical Theatre.

13th. 10.00. Mr. J. M. Dyce. Dental Photographic Demonstration. Dental Photographic Department.
1.00. Mr. Gibberd. Clinical Lecture. "The Shortcomings of Cæsarean Section."
3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.
4.45. Dr. Rees. "Practical Aspects of the Rhesus Factor." Department of Child Health. Postgraduate Lecture. Preclinical Classroom.

14th. 12.00. Sir Charles Symonds. Neurological Demonstration. Preclinical Classroom.
1.00. Dr. Bishop. Clinical Lecture.
5.00. Drs. Bishop, Rawlings, Richardson and Kennedy. "Any Questions." Preclinical Classroom.

16th. 4.30. X-Ray Meeting. Gordon Museum.

17th. 1.00. Dr. Kauntze. Clinical Lecture.
4.30. Dr. Waterfield. Illustrated lecture in Hæmatology. Pathology Lecture Theatre. (Senior Students and Final M.B. Candidates).

20th. 12.00. Mr. A. Bulleid. Dental Clinical Lecture. "Infection and the systemic sequelæ of multiple extraction of teeth." Dental Theatre.
1.00. Mr. Kilpatrick. Clinical Lecture.
3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.

OTHER ENGAGEMENTS

8th. 4.45. Guy's Science Club Meeting. Staff Common Room (tea 4.30). Dr. G. A. D. Haslewood. "Some Aspects of Sterol Metabolism."

11th. Rugby XV. *v.* Old Cranleighans. (H.O.P.).
Hockey 1st XI. *v.* Metropolitan Police (Away).
Hockey 2nd XI. *v.* Metropolitan Police. (H.O.P.).

18th. Rugby XV. *v.* Moseley. (H.O.P.).
Hockey 1st XI. *v.* West Herts. (Away).
Hockey 2nd XI. *v.* West Herts. (H.O.P.).
Hockey 3rd XI. *v.* West Herts. (Away).

Technique of Subcutaneous Arm Vein Puncture

By W. GORDON, M.B., Ch.B., F.R.C.S.,
late Demonstrator of Physiology, Guy's Hospital.

INTRAVENOUS therapy is one of the commonest exercises in medical and surgical practice. At times it is a life-saving measure and it may be so urgently demanded that delay will seriously prejudice the chances of successful resuscitation. Skilful vein puncture, therefore, is of paramount importance. It may become necessary on many occasions in the same patient either for the purpose of taking blood samples or to administer fluids and drugs intravenously. The veins must accordingly be carefully preserved in case they are needed again. Bruising of the vein wall may lead to thrombosis, or leakage of blood may obscure the vessel. In both instances that particular part of the vein will be useless for future puncture. In the conscious patient vein puncture must be performed as rapidly and painlessly as possible.

It might seem that nothing could be easier than the rapid, painless introduction of a needle into a vein. Yet one often sees the inexperienced poking haphazardly about in the subcutaneous tissues, passing the needle through the skin many times in a struggle to puncture a vein, and finally leaving the patient with a painful and discoloured arm and a number of veins useless for further puncture.

To perform this simple but important task the following points should be borne in mind.

(1) The needle will vary in size with the purpose of the puncture and the size of the vein to be used. The point should be sharp, but the bevel short lest the point pass through the opposite wall before the whole bevel lies within the lumen of the vein. A further precaution against this is to pass the needle in the long axis of the vein and as nearly parallel to it as possible.

(2) Palpable veins are better than visible ones. The latter are so superficial that they are poorly supported, and may easily be pushed aside by the needle. Palpable but not visible veins are well supported by subcutaneous fat and resist the pressure of the needle.

(3) Often veins cannot be felt until they are distended. To achieve such distention proximal occlusion by a blood-pressure apparatus pumped up to a pressure of 60 mm. Hg., a rubber tube around the limb, or the pressure of an assistant's hands may be required. The vein should then be clearly felt, and the intended site of puncture gently palpated to establish the course of the vessel. Time spent at this stage will prevent repeated futile stabbings and eventual prolongation of the procedure. One should not be hurried into making a start by impatient onlookers.

(4) To prevent spasm of the vien :

1. Warm the patient's arm, if necessary with a hot water-bottle.
2. See that your own hands are warm.
3. Do not use any cooling antiseptics such as ether.
4. Palpate the area very gently—the veins must be caressed.
5. The needle must enter the vein cleanly and rapidly. This will only be possible if attention is paid to all the points mentioned which help one to find a vein of suitable site and known course.

(5) For continuous intravenous therapy avoid the bend of the elbow. The patient will be unable to move the joint for fear of dislodging the needle. Use the forearm, preferably the back of the forearm, because patients are more comfortable with a forearm resting in pronation rather than supination. Although often an advantage a splint is not absolutely necessary for if both needle and a length of the connecting tube are strapped to the forearm the latter can be moved without fear of dislodging the needle.

(6) Sometimes neither forearm nor elbow veins are available and veins on the back of the hand must be used. In attempting to puncture these veins do not flex the wrist. This does not tighten the skin on the back of the hand ; but flexion of the metacarpo-phalangeal joints steadies the skin and subcutaneous tissues.

(7) After rapid withdrawal of the needle the patient's arm should, if possible, be elevated above heart level. This is the best way to prevent leakage from the vein. Alternatively, direct firm pressure should be applied for a few minutes. If antecubital veins have been used, these manœuvres are better than flexion of the elbow which does not certainly prevent leakage at this site.

Only by such attention to detail can the subcutaneous puncture of veins be made a rapid and effective procedure and for the patient one that is comparatively free from trouble.

Correspondence

A Letter from America.

SIR,—May we three Americans take advantage of the pages of the *Gazette* to pen Guy's Hospital our thanks for a wonderful summer ? The frank and unstinted hospitality with which we were met at every turn during our stay at the Medical School belied all we had ever heard about " British reserve and coolness." Not only in the Pædiatrics Department in which we were working, but in all those we visited or with which we came in contact, and especially in the administrative offices of the Medical School, people were continually going out of their ways to iron out our many

problems of orientation and to assist us in getting a true picture of British medicine in general and Guy's Hospital in particular. All this had a good deal to do with the very high opinion we have carried off with us of Guy's, Guy's teaching, and Guy's men.

Thanks again.

Yours sincerely,

HAROLD W. SCHNAPER.
GLORIA LEE GRIMES.
ROSALIND G. SMITH.

Box 2839, Duke Hospital,
Durham, N.C., U.S.A.

The General Practitioner.

SIR,—Mr. Roy Goulding raises the hoary old problem of the General Practitioner's training. I have often given deep thought to this matter and come to the conclusion that there is no easy way in which the art of general practice can be taught. Apprenticeship may seem a very simple solution, but the "apprentice" will always be an inferior in the eyes of the patient, who will not be satisfied until he has had advice from the "master." No, it is not until the young man has had, and lost, many patients in his own right that he will begin to form a dim picture of general practice as a mode of life. Other men's patients don't teach you a thing except humility and exasperation. I think the abolition of the buying of practices is a retrograde step in this connection. You do not value what you have not paid for, and the working off of a debt for a practice gives a certain grim satisfaction and ensures some anxiety for the patients' welfare.

The Front Surgery can never acquire the atmosphere of the Doctor's surgery. As students and house officers we never had, nor may we expect, first-hand experience of the patient in his natural setting—the home. General practice can only be learnt the hard way, by repeated trial and error. I do not know whether benefit would come from insisting on the embryo specialist spending time in general practice. Once a man becomes Medical Registrar, does he go to the Obstetric Department for a year's experience of midwifery? Whatever may be advised by future select committees, I know that very few future consultants will have general practice experience, however slight.

Advantage could well be gained by inviting experienced general practitioners to take part in ward rounds and give their opinion on the treatment and management of various conditions in practice. This would not apply much to the special departments, but it would, I suggest, be very valuable in the general medical and surgical wards. The general practitioner has wide experience of such diseases as chronic heart failure, hypertension and peptic ulcer and, on the surgical side, septic hands and varicose veins. The general practitioner could teach a lot about such things as these and he could clearly indicate the type of case to refer immediately to a specialist.

I have no suggestions for improving the recruitment of general practitioners. Most men entering as students have a vocation to medicine; I should say the man with a vocation to general practice is a rarity.

Yours, etc.,

GAVIN THURSTON.

Elderfield,
Hutton Mount,
Essex.

Reviews

Handbook of Medicine for Final Year Students. By G. F. WALKER. 4th Edn. Sylviro Publications. *Price* 25*s.*

DESIGNED to help the student in his revision for the final examination in Medicine, this book achieves its purpose admirably. Avoiding undue emphasis on the rare and the unimportant, the author has preserved a balance most unusual in a work of this kind. It cannot take the place of a standard text-book; and the student who has not already acquired a good basis of knowledge will derive little benefit from its perusal. But those who need help in clarifying and sorting their ideas for the final will find this book of value.

J.C.H.

Principles of Full Denture Prostheses. By E. WILFRED FISH. 4th Edn. Staples Press. *Price* 15*s.*

A NEW edition of Dr. Fish's work on Full Denture Prosthesis is a reminder to those who have this excellent book, to re-read it, and to those who have not, to obtain a copy. For the senior student the basic principles of the subject are there, as well as the clinical approach, whilst the practitioner re-examining his approach can only enhance his technique.

R.D.P.

Photographic Aids to Clinical Dental Practice. By JAMES M. DYCE. 1st Edn. Staples Press. *Price* 50*s*.

MR. DYCE is an enthusiast, and he has produced a text-book to which anyone contemplating oral photography will automatically refer. From his desire to record material seen during his course of study at the Pennsylvania University he has turned his talent to the problem of visual education; how instruction may be given through photographs and films to both the student and the layman. Here the dental photographer will find his problem discussed and a technique most painstakingly devised. He is to be congratulated on his most original and readable contribution to dental literature.

R.D.P.

Sport

RUGBY FOOTBALL

GUY'S *v.* OLD BLUES

at H.O.P. Won 25—0
Saturday, November 6th

Guy's settled down nicely to defeat the Old Blues quite comfortably by 2 goals, 4 tries and a penalty goal to nil.

The Hospital forwards were magnificent in everything they did and were constantly on the alert to take advantage of the loose ball. This gave the backs lots of opportunities, and supplied as they were with a good service from Brunow it was surprising they did not come more freely into the scoring. Nevertheless, it was a fine open game, full of movement and action, but unfortunately the place kicking was well below standard.

Heber crossed for a try within the first few minutes of the game, and the only other score was a penalty goal by D. Le Clus for Guy's to lead by 6 points to nil.

Following the interval, Guy's took complete command and P. Rademan added two tries, one from a kick ahead by Brunow and the other following a controlled dribble by Davies, the latter try being converted by D. Le Clus. Then followed some brisk three-quarter movements and Gray twice cross-kicked for Du Plessis and Keller to cross for tries, the second of which Brunow converted. Maintaining severe pressure the forwards again came into the picture and Parkes completed the scoring with an unconverted try.

HOCKEY

GUY'S *v.* ROYAL NAVAL COLLEGE, GREENWICH

at Shooter's Hill. Won 3—2.
Saturday, November 20th.

Guy's last visit to the R.N.C. was in the 1946–47 season when they drew 2—2. Thus, a hard game was anticipated and, on heavy ground which made ball-control difficult, such it proved to be. P. E. Kapff was tried at right full-back.

From the bully off the Hospital forwards rushed the ball into the circle and the finishing shot trickled past the post, an unlucky miss. For the next fifteen minutes the College had all the play. They were first to practice making ground and swinging the ball hard, sound tactics on such ground. Their forwards were fast, combined well, and got into the circle on several occasions, only to miss or be foiled by some good saves by C. Bishop and late clearances by a hard-pressed defence. Then, rather against the run of play, a scramble near the College goal brought the ball to C. Opie who flicked it past the keeper for the first goal. Then came renewed College pressure. They forced four corners and were eventually rewarded with two goals within a space of ten minutes. The first was by the centre-forward; the second by their inside-right who beat a back to score with a good cross-drive. Guy's tried hard for the equaliser which came just before half-time when S. Earl, taking a pass from the outside-right, beat the keeper with an oblique shot.

The Hospital undoubtedly had the better of the second half. The wings were now making ground before crossing the ball; there were some narrow misses and good saves by the College goalkeeper. At length, Guy's forced two corners. From one of these a rebounding ball was scooped into the centre again and S. Earl scored, his shot being deflected into the net from a defender's stick. There followed several College rallies which might have brought results but for keen tackling and good defensive play, especially by E. Murray and G. Danford. The final whistle went when Guy's had again broken through and the ball lay at the centre-forward's feet in the circle.

ASSOCIATION FOOTBALL

SOUTHERN AMATEUR LEAGUE

GUY'S *v.* REIGATE PRIORY

at Reigate. Lost 1—2.
Saturday, November 20th.

Guy's were not at their best for their visit to Reigate's rural ground and were narrowly beaten by 2 goals to 1. Guy's kicked off facing the troublesome sun, but were soon on the attack, but the forwards were never together as a line, and for the most part our raids were of a sporadic individualistic variety. The defence was playing well enough to keep out the home team until a high lobbed shot misjudged by Whitaker gave Reigate the lead. The only combined forward movement of the afternoon gave Fearn the opportunity to equalise the score which he promptly accepted. The remainder of the first half was even and the interval arrived with the score one all.

Reigate were on top in the opening exchanges of the second half and, after twenty minutes play, took the lead with a cross shot which rebounded into the goal off an upright. Guy's strove hard for an equaliser and forced several corners on the right, all beautifully taken by Leckie. From one of these the lanky Young headed a goal which for some very obscure reason was disallowed by the referee, whilst Fearn had a good attempt well saved. Heartened by these escapes, Reigate redoubled their efforts and were attacking strongly to the final whistle.

Lipington and Young played their usual sound games in defence, whilst Leckie tried unavailingly to get the attack going.

There would appear to be three lessons to be gained from this match. Team work is the only way to split a well organised defence. Defenders must use the ball to better advantage of their forwards, and gift goals against cannot be afforded.

Team: A. H. Whitaker: D. Lipington, P. J. Holloway: D. G. Matthews, F. Young, D. C. Harris: R. Skaith, J. C. Leckie, A. Fearn, D. E. Sturdy, N. I. Lewis.

D. G. Matthews has been elected captain in succession to N. I. Lewis, and J. C. Leckie assumes the office of vice-captain.

Hospital Information, etc.

NOTICES

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited for the following teaching appointments :—

1. Full-time Assistant to the Director of the Conservation Room to commence duties on 2nd February, 1949. Salary range £1,000 to £1,400 plus superannuation and family allowance. Initial salary according to age, experience and qualification.
2. Full-time Assistant in the Children's Department to commence duties on 2nd February, 1949. Salary range £1,000 to £1,400 plus superannuation and family allowance. Initial salary according to age, experience and qualification.
3. Two half-time Assistants for the teaching of Extractions and Minor Oral Surgery (6 sessions per week), to commence duties on 2nd February, 1949. Salary £550×£50 to £750 per annum, plus superannuation and family allowance.
4. Demonstrator of Operative Dental Surgery (3 sessions per week), to commence duties on 2nd February, 1949. Salary at the rate of £75×£25 to £125 per session per annum.

Forms of application are obtainable from the Dean, Guy's Hospital Dental School, London, S.E.1, to whom applications with the names of three referees should be sent not later than 8th January, 1949.

CLUBS' UNION

A meeting of the Clubs' Union Council was held on Friday, 5th November, 1948. The following officers were then elected for the year 1948–49 :—

President :—Mr. W. D. Doherty (re-elected).
Chairman :—Mr. F. R. Kilpatrick.
Honorary Treasurer :—Mr. N. L. Eckhoff.
Honorary Secretary :—Mr. G. D. Channell (re-elected).
Honorary Assistant Secretary :—Mr. R. Goulding (re-elected).

In accordance with paragraph 24 of the Constitution, notice is given of the following resolutions involving changes in the rules :—

(i) That Rule 2 of the Constitution of the Clubs' Union shall read—"The constitution of the Clubs' Union shall be referred to the Council of Governors for approval. No alteration shall be made without the approval of the Council of Governors."
(ii) That as from 1st October, 1948, annual subscription to the Clubs' Union be raised from the present figure of £4 4*s*. 0*d*. to £5 5*s*. 0*d*.
(iii) That membership of the Clubs' Union be compulsory for all students of the Medical School.

These resolutions will be placed before the Council for ratification at its next meeting.

G. D. CHANNELL,
Hon. Sec.

STUDENTS' UNION

At the Annual General Meeting the elections were made for the forthcoming year :—

Chairman .. J. Palmer.
Hon. Secretary .. J. W. Hughes.
Hon. Treasurer .. J. H. Bailey.

The following have kindly consented to become officers for a period of two years :—

President .. Prof. J. Whillis.

Vice-Presidents :

Mr. H. J. B. Atkins — Mr. N. Eckhoff
Dr. E. R. Boland — Sir Heneage Ogilvie
Sir John Conybeare — Prof. W. R. Spurrell

Professor Whillis will deliver his Presidential Address to the Union early in the New Year. Details will be announced later.

On November 11th a dance was held at St. Pancras Town Hall, and proved to be an outstanding success. Another dance is planned for St. Valentine's Day next year.

On November 25th, fifty students from St. Bartholomew's were entertained at Guy's. This evening, the first it is hoped of many such occasions, was very enjoyable for everyone concerned and a full report of it will be issued later.

In the future several talks of varied interest will be held. Speakers include Mr. R. C. Brock, Dr. Keith Simpson and Spike Hughes. Details will appear on the notice board in the Medical School hall.

The Book Exchange is functioning well and to good advantage. Guy's men who have textbooks for sale are invited to dispose of them through this agency. For purchasers, an excellent selection of books is available at reasonable prices.

The Students' Union provides for the expression of opinion and the discussion of matters of interest. Anyone wishing to submit subjects for discussion at the Council can easily do so through the duly elected representatives listed below.

Clinical Representatives.

B. Amos, T. B. Brewin, F. J. Covill, T. S. Hart, P. Kendall.
1st M.B.—Miss K. Oliver, K. P. Walker.
2nd M.B.—C. Bishop, R. W. Farrell, Miss R. Saldanha, H. Reeve.
Dental.—H. Osman Smith, J. C. Walby, I. Singer, G. H. Watkins, R. V. Warren, N. J. Wood.

JOHN W. HUGHES,
Hon. Sec.

DEBATING SOCIETY

At the recent meeting of the above Society the following officers were elected for the Session 1948–49.

President :—Professor J. Whillis.
Committee :—Miss P. Ordish, Messrs. R. Goulding, L. Jacobs, A. E. Strigner, P. Zorab, J. C. Walby.
Hon. Secretary :—Miss R. M. Saldanha.

The next meeting of the Society will be held on Monday, December 6th, from 5.30–7 p.m., in the "Lower Spit." The College. The subject for discussion, "That this house is of the opinion that a 'classical' education is to be preferred to a 'scientific' one as a preparation for a medical career."

It is hoped that as many as possible will attend to give their views on this highly controversial subject.

R. M. SALDANHA,
Hon. Secretary.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

October, 1948.

M.R.C.P.

E. G. Cook — J. K. Martin
J. O. Laws — E. M. Poulton
G. H. T. Lloyd — J. W. Stephens

SOCIETY OF APOTHECARIES OF LONDON

FINAL EXAMINATION.
October, 1948.

Surgery.—J. R. Deacon.

Pathology, Bacteriology and Forensic Medicine.—W. G. Burvill-Holmes. B. Plant.

Medicine.—D. Redpath.

Midwifery.—F. W. Retief.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.
FINAL EXAMINATION.
October, 1948.

Part I.
B. Schwartz.

CONJOINT BOARD

FINAL EXAMINATION.
L.R.C.P., M.R.C.S.
October, 1948.

Medicine.
*R. W. Doy.
* Has completed the examination.

UNIVERSITY OF LONDON

THIRD (M.B., B.S.) EXAMINATION FOR MEDICAL DEGREES.
October, 1948.

Honours.
(*a*) P. Chadwick (*b*) K. M. Citron.
(*a*) Distinguished in Applied Pharmacology and Therapeutics.
(*b*) Distinguished in Medicine.

Pass.

D. S. G. M. Bailey
P. D. Bryant
D. W. Clark
P. S. Clarke
A. A. Collis
D. C. Deuchar
R. L. Gothilf
E. W. Graham
M. W. J. Grummitt
D. F. N. Harrison
R. D. C. Hart
G. E. Haward
P. W. Head
J. L. Herbert
E. R. Hodgson-Todd
H. D. A. Hope
J. S. Jones
R. A. Keable-Elliott
F. R. S. Knight
W. E. MacBean
R. P. C. MacDonald
W. J. St.E-G. Rhys
H. R. C. Riches
A. A. Turner
R. J. Vale
J. Vance
P. R. Wagner

Part I.

E. Beswick
B. L. Bisley
D. L. Blundstone
J. E. Breese
T. B. Brewin
J. G. Brice
R. McL. Brown
D. G. Chalmers
B. G. B. Christie
J. R. Deacon
F. G. Ellis
I. E. Evans
J. H. Evans
R. W. Glenn
A. K. Hancock
R. Handy
H. A. Hurwood
M. C. H. Jackson
L. Jacobs
I. G. Johnston
J. A. B. Jones
I. Kent
P. G. W. A. Lommerse
A. G. McCallum
E. J. McGuire
A. A. Mason
D. G. May
A. H. Mendoza
C. J. G. Menzies
J. D. Morris
I. S. Moss
R. G. Nicholson
A. H. Phillips
H. H. Richards
A. E. Richardson
A. J. Salmon
I. A. W. Scott
B. Taylor
C. S. Ward
B. L. Whitaker
D. R. C. Willcox
J. L. Williams
F. R. H. Wrigley

Part II.

E. Beswick
M. H. Handoll
T. E. Jeffreys
A. E. McLauchlan
A. H. Mendoza
H. H. Richards
P. T. C. Rowan
D. R. C. Willcox
J. D. Williams

Part III.

D. M. Carnegie
K. M. S. Hume
C. J. G. Menzies
N. H. Porter
P. Ronchetti
C. W. Taylor
F. R. H. Wrigley

Ph.D.
Faculty of Medicine (Non-Clinical).
L. C. Thomson

The title of Reader in Experimental Pathology has been conferred on Dr. P. A. I. Gorer in respect of the post held by him at Guy's Hospital Medical School.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Professor R. V. Bradlaw, F.D.S., R.C.S., Dean of the Faculty of Dental Surgery of the College, has been appointed Honorary Professor of Dental Pathology in the College.

HARVARD COLLEGE, U.S.A.

At a meeting of the President and Fellows of Harvard College, U.S.A., held on October 18th, 1948, Sir Gordon Covell, C.I.E., M.D., D.P.H., was appointed visiting Lecturer on Tropical Public Health.

CHANGE OF ADDRESS

Miss Hilda Gration, 17, West Grove, S.E.10.

J. Z. Harrington, L.D.S., R.C.S., 25, Harcourt House, 19, Cavendish Square, W.1. (Tel.: Langham 4172.)

G. S. Loader, L.D.S., R.C.S., 17, Devonshire Place, W.1. (Tel.: Welbeck 6166.)

B. H. Taylor, L.D.S., R.C.S., The Corners, 31, Pickhurst Lane, Hayes, Kent. (Tel.: Hurstway 1347.)

G. P. A. Sechiari, M.R.C.S., L.R.C.P., Woodville House, 220, Osmaston Road, Derby. (Tel.: Derby 44375.)

W. J. Tulley, B.D.S., L.D.S., R.C.S., 15, Derby Hill Cres., Forest Hill, S.E.23. (Tel.: Forest Hill 8528.)

PAPERS BY GUY'S MEN

Bates, Joah, and Rees, R. J. W. Partial coarctation of the Aorta. *Lancet*, 1948, i, 908.

Birks, P. H. A note on the value of folic acid in the treatment of macrocytic anæmia in Assam tea garden labourers. *Trans. Roy. Soc. Trop. Med.*, 1948, **42**, 203.

Doubleday, F. N. The Pathology of the Dental Pulp. *Journal of the Stomatological Society of Greece*, May, 1948.

Hall, H. D. On caravans and clinics. *Brit. Dent. J.*, 1948, **85**, 204.

Harvey, Warren. Investigation and Survey of malocclusion and ear symptoms, with particular reference to Otitic Barotrauma (pain in ears due to change in altitude). *Brit. Dent. J.*, 1948, **85**, 219.

James, D. A. Malignant Disease: observation and suggested line of treatment. *Med. Pr.*, 1948, **220**, 347.

Morgan, O. G. Congenital Pigmentation of the Retina. *Proc. Roy. Soc. Med.*, 1948, **41**, 726.

——. The value of vitamins in ophthalmology. *Med. Pr.*, 1948, **220**, 386.

Thompson, R. H. S. Therapeutic application of British Anti-Lewisite. *Brit. Med. Bull.*, 1948, **5**, 319.

BIRTHS

FUNG.—On November 12th, 1948, to Joan (née Balland), wife of Oswald Fung—a daughter (Susan Mary).

MASTERS.—On November 15th, 1948, to Maria (née Hepper), wife of P. L. Masters, M.B., B.S., 133, Bellingham Road, S.E.6.—a daughter (Anna Maria).

MARRIAGES

NELSON-MORTEMORE.—On Saturday 27th November, 1948, at St. Mark's Woodcote, Purley, Ian A. Nelson, L.D.S., to Gean Mortemore.

DEATHS

HODGKINSON.—On 11th November, 1948, at Nottingham Hospital after an operation Albert Louis Hodgkinson, L.D.S., R.C.S.Eng., of 66, South Street, Ilkeston, Derby, aged 50 years.

EDS. { H.A.R.
R. G.

GUY'S HOSPITAL GAZETTE

A Journal of Medicine, Surgery, Dentistry, and Hospital News

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PASSIM

AS this issue of the *Gazette* goes into print, midwinter is at hand. Soon the shortest day will be passed, the evenings will lengthen and 1948 will draw to a close with Christmas and that short and somehow unsatisfactory plod to the thirty-first. And then—that was 1948.

It *has* been something of a year, with not less than half a dozen wars in progress, and the threat and talk of war in Europe, when so lately we thought we had settled the account with Mars. In Britain there has been introduced a National Health Scheme. In America there has been a Presidential Election. Communism has been on the march, and while half the world starves those that have it in their power to help, in the old world and the new, have been out on strike. What a year ! What a life ! What a world ! May be we shall discuss these things, some or all of them, as we sit dining and wineing on Christmas Day. May be by these things we shall remember 1948, or that Sheila's Cottage won the National, My Love the Derby (a win for France and countless sentimentalists), Cambridge won the boat race, Oxford won at Twickenham one of the best games for a long while. The Australians were here in the winter playing rugger, and in the summer playing cricket, and we watched Don Bradman for the last time. And then there were the Olympic Games—Torquay, Henley, Wembley—the flying Dutchwoman and the finish of the Marathon.

It was towards the end of August, that one day there seemed to be more than usual activity on the rubble which lies across Maze Pond from Hunt's House. Little urchins could be seen working (and looking) like blacks, as broken buckets, wooden chariots, cardboard boxes and many another receptacle served to carry from diverse quarters, cinders, to a central pile. After a day or so a track appeared, a little winding perhaps, perhaps a little up and down, but generally oval, edged with bricks and with, at one place, a little corrugated-iron shack. If the Boro' youth couldn't get to Wembley, at least Wembley could be brought to the Boro' ! The games opened a few days later, when from the top of one of the highest mounds of rubble, the littlest urchin with a box of matches lit a candle, and trundling down to the arena, set light to a bonfire. Thereafter the competitors could be seen padding around, strung out but persisting toughly, and putting on a burst of speed as they came into the straight for the last time, in response to the cheering of a large crowd of quite ten spectators. Well done the Boro' ! We shall remember you in our after dinner toast, with your resourcefulness and your courage, your flare for mimicry and your ready wit, your faith in Guy's and your good humoured willingness to be questioned and prodded, questioned and prodded, questioned and prodded and pricked from reveille to lights out. Bless you !

Yes, all these things have been part of 1948, to some, landmarks, to others simply pebbles on the road. To each his own memories but to all of us surely this year will be remembered by two announcements from Buckingham Palace. For the first we were prepared and our thoughts had been thereabouts for days, when we heard to our joy that it was a boy and all was well. For the second we were unprepared, and it came as a shock and a source of grief to all his people, to learn that all was *not* well with the King. Christmas has for many years now been a special time for communion between the Royal Family and the people of England. This year it will be more so. While with Princess Elizabeth and her Consort we rejoice in the young Prince, to His Majesty we offer our sympathy and more than ever will he be in our minds, wishing him as we do, a speedy return to health, for his own sake and for the sake of the nation, which, ruling, he so assiduously serves.

To Budapest—The Second Journey

By DAVID STAFFORD-CLARK.

I left Victoria for Budapest on the Continental Express at nine a.m. on Thursday, September 2nd; my travel agency tickets would carry me as far as Prague but from there on I had to make my own arrangements. To this end I had provided myself, on the advice of the Societé Libre des Medecins Hongrois, with a book of special vouchers issued by the authorities responsible for the Annual Hungarian Autumn Fair. These vouchers, intended primarily for business delegates attending the Fair, cost 15*s*. and were obtainable from an obscure shop in the Edgware Road: they were reputed to halve the cost of travel inside Hungary but in my case, apart from securing a remission of about 1*s*. from the fare of a steamer trip up the Danube, they proved entirely valueless. After some deliberation I had decided to travel to Budapest via Germany and Czechoslovakia, spending a night in Prague on the way: earlier in the year I had travelled to the Swiss-Austrian frontier on the Orient Express from Paris, which goes on to Bucarest via Vienna and Budapest; but my first plan to follow this route again all the way to Budapest had been abandoned as the result of repeated reports that travellers were being delayed as much as several days over visa formalities in the Russian Zone of Austria. These reports, like much else of the preliminary information about probable conditions on the trip, were confused, vague, and often contradictory: even before starting I was half inclined to ignore them but the fact that I had never before visited Czechoslovakia proved the final inducement to take the Eastern route, and it was with this in prospect that I sat in the comfortable train on the way down to Dover, meditating the advice of certain companions of the previous night who had displayed a kindly interest in my journey. International tension over Berlin was high; the consensus of opinion among my advisers had been that I should lose no time after my arrival, presuming this was safely accomplished, in organising a fool-proof method of immediate departure, should this become expedient: one, an agreeably sanguine fellow, had prescribed a private aeroplane to fly me straight to Turkey; others, a journey disguised and on foot across the mountains into Jugoslavia. Alone in the train, and with the prospect of some sixty further hours of travel between me and my destination, both the conversations of the night and the distant capital of Hungary seemed strangely remote and unreal. Such is the effect of leisured movement in isolation upon me; I resigned myself cheerfully to a state of relaxation, of animation suspended but for observation, eating, and sleeping, for the next three days. Under such circumstances even reading and writing become distractions: contemplation comes into its own. I knew I was going to enjoy myself if it was humanly possible.

In Belgium it was easy: the boat to Ostend was a Belgian motor vessel, fast and luxurious. I bought milk chocolate and cigarettes for subsequent goodwill, and left Ostend on the Nord Express to Nuremburg at 16.15. Meals on Belgian trains are sumptuous affairs which largely compensate for the comparatively featureless landscape sliding past the windows. We stopped briefly in Brussels, which I had last visited in December, 1944, on the way back from Eindhoven with an air-ambulance load of soldiers with head injuries destined for England; memories of trams sprouting soldiers and civilians, like over-stuffed vases, and of shops glittering at night with nylons and Swiss watches, then almost legendary, overtook me. Then it was time to think about bed and to supply the wagon-lit attendant with a detailed list of all currency and travellers' cheques for the frontier at Herbvesthal.

The train passed through Cologne about midnight and here a clergyman with purple cloth came to occupy the other bunk in the compartment; he was a kindly simple fellow of Polish origin but very proud of his United States nationality: he was over in Europe for the Ecclesiastical Conferences at Lambeth and the Hague. I had long wanted to see Cologne again; I had last been there in 1937 with some friends from the Hospital, and we had drunk cheap champagne in a café overlooking the Cathedral Square, waiting for a train, while a genial maudlin waiter dropped black paper spiders into our glasses as a huge joke and pledged us to return. I remembered too the summer evening on an East Anglian airfield when I had watched our squadron of training Stirlings, manned by crews made up of the instructors, take off with over five tons of bombs apiece to join the sonorous armada charged with the task of obliterating Cologne in a single attack by one thousand and forty-seven aircraft. During the war, much of which I spent in Bomber Command, I had availed myself of occasional opportunities of making flights over Europe and the North Sea as a supernumerary member of the crew in operational bombers, but when it was over, and numerous sight-seeing flights were being arranged for all who wished to go to see the havoc from a thousand feet, I had

consistently declined the offer. Now alone, and on the ground in the midst of the desolation, I could accept and integrate the ideas which, instinctively, had guided my earlier refusal.

I was to see Cologne again, in the pallor of early morning on my return, with bright-haired girls in light mackintoshes hurrying to work through the sodden rubble, and hungry-looking young men staring sullenly up at the halted train; sixteen feet above the road on the trestled bridge leading into the station. Between Cologne and Nuremburg the train runs steadily through a wasteland: Nuremburg itself is a gutted, empty shell. The train stopped there for an hour and a half, waiting for the Paris-Prague express to take it on. "It is very quiet here," said the clergyman. It was. There was not a roof intact apart from a few knocked up with wood since the war, and above the blackened rafters no birds sang.

There had been no restaurant car on the train since entering Germany at 10.0 p.m. the previous night: a woman walked along the platform offering coffee in cardboard beakers for 10 cigarettes; it was tepid and bitter but she soon sold out. Next to me were an American marine engineer on holiday and sharing the compartment with him, a Czech doctor returning to Prague. The American had spent some time during the war as a pilot in the U.S.A.A.F., flying petrol over the hump from Burma into China.

"As a method of freighting it was kinda costly," he said, "if we had a strong head-wind we'd likely burn up 800 gallons to fly in 300." He had lent his travelling companion a copy of the Reader's Digest with an article on "Czechoslovakia since the Communist putsch."

"I guess he's read it but he don't say nothing. . . ."

"Is he a Communist himself?"

"Well I don't know: I can't seem to draw him out any."

We took our meals together when a restaurant car reappeared after Nuremburg. Over a late lunch, with the train now running through rich, green pastureland and wooded hills in Southern Bavaria, he made another ingenuous attempt to gauge our Czech friend's political views.

"Say Doctor, how do you feel about the recent political changes in your country?"

"You should try this cheese it is really very good."

"Why thank you, Doctor—yes I will. As I was saying, what are your views——."

"I have asked the waiter to bring us some Czech beer: they will serve it on this train: you must join me in a glass."

"You're very kind——"

"But not at all—I insist."

Later he said to me:

"You know, as an interviewer, I reckon I'm no Drew Pearson. . . ."

Frontier formalities entering Czechoslovakia require four officials and halt the train for an hour. The first official takes careful note of all money and valuables declared in all currencies carried, and issues a certificate bearing these particulars which must be surrendered on leaving the country; the second represents the normal customs and concerns himself with the baggage; the third checks the visas and stamps the passports, and the fourth checks up on the third and also writes down the name and nationality of everyone on the train in a ledger and compares this with their passports. This elaborate procedure, carried out with grave courtesy, can be entirely unembarrassing: but it is none the less effective in providing the maximum number of grounds for detaining an individual should this be expedient.

We arrived in Prague after passing through Marianske Liska, which was once called Marienbad, and through Pilzen, soon after 10.0 p.m. The American and I booked rooms for the night and were then invited by my Czech colleague to visit his flat and meet his wife. There we were most generously entertained, being offered among other delicacies more cheese—"it comes from sheep in Bohemia"—and Slivovici, the Czech answer to vodka and schnapps. We eventually left soon after midnight, catching a tram back to our hotel. While waiting for this to appear we got into conversation with the only other visible human being, a workman also waiting for a late tram. He was an elderly man who said he had learnt his English while serving with the British Army from 1915 to 1918. His first question to my companion struck a strangely familiar chord:

"You are not Communist—no?"

"Why—no I'm not."

" In America to be Communist is not good—no ? "
" Well—no—not really."
" I am not Communist either."
" Oh, I see."
" No. I do not think you do. Here it is not good to be anything if you are not Communist : not damn likely."
" No—I suppose not."
" You believe in Marshall Plan—yes ? "
" Well—yes I do."
" Yes. But here we get no Marshall Plan. No jolly fear. Why not ? "
" Well—your Government said they didn't want it—didn't they ? "
" No. At first they say they do want it. Then they are told they don't want it : so they say ' No.' But it is Communists tell them this. When Germans are here in Prague—they are beasts—so we have for the winter 50 kilos potatoes each. No damn good. But now—new beasts with red banners—we lucky if we get 30 kilos. . . ." He spat.
" Yes—I understand."

The tram came along, we boarded it and our companion leant over and whispered confidentially :

" You don't say I said this."
" No."
" You don't say who I am. No damn fear."
" Brother, we don't know who you are."
" No. Is bloody good. But you say what I say. Just not say who I am."
" Why—sure."

We got off the tram at the Museum, nearest stop to our hotel, and walked back together. In the foyer sat a man in a soft wide-brimmed hat, smoking a cigar. Giving us our keys, the night porter nodded towards him and said :

" He is American reporter ; he is waiting to send important news."
" Why—what is it ? "
" He is waiting to send news of death of President Benés. He has wait all day. . . ."
" Is the President dead ? "
" No, not yet. But everyone think he die soon."

The next morning, September 4th, I left Prague on the 8.15 train for Budapest. The railway station, called Wilsonova after the American President, was crowded, as was the train. It soon became apparent that President Benés had died ; there were many flags at half-mast to be seen, and wayside houses displayed black wreaths in the windows. The train ambled gently across fertile plains at an average speed of about 20–30 kilometres per hour, and we stopped for an hour in Brno. No one had much to say. Towards evening, as we approached the Czech-Hungarian frontier, the train emptied considerably with each stop ; few passengers, it appeared, were crossing into Hungary. At lunch time I had changed 200 Belgian Francs into Czech crowns, to pay for the rest of my expenses on the train ; I now had about 17s. 6d. worth of Czech money to pay for my dinner. We were not due in Budapest until 9.30 p.m. When we reached the frontier, just before the first crossing of the Danube, the sole other occupant of my compartment was an old woman who told me she was now living in England, having been at various times in her life both Austrian and Hungarian by birth, due to changes in the international boundaries, and was now visiting her daughter who lived in Budapest. She was making the journey loaded with gifts of tinned food, and with only the statutory £5 of English currency to cover expenses in transit.

" But thank God," she said, " I have now a British passport."

We stopped for one hour on the Czech side of the Danube, to be cleared by the four officials, and after crossing that legendary river in the deepening dusk, stopped for a further hour at Szob, on the Hungarian side. My conscience was faintly disturbed, because I still had two 100 crown Czech notes, which I had been unable to change into Hungarian money on the train, but which officially I was not permitted to take out of Czechoslovakia. I had resolved this technical difficulty by inserting them into one of the books I had brought with me and saying nothing whatever about their existence. In this modist way perhaps, are international smugglers initiated into their complex defalcations.

(To be continued)

A Country Accouchment

By R. U. F. KYNASTON, M.B.

I DROVE home from a stimulating discourse upon the Menorrhagias by our local Consultant (M.D., F.R.C.S., F.R.C.O.G.—yes we have such men in these parts). This 11 mile journey I can usually accomplish in 25 minutes but the fog was so thick that it took me twice as long.

I knew Mrs. Parker had started labour for I had visited her in the morning at Manor Cottages some 4 miles away and she had assured me that the niggling pains had begun and that Nurse was coming in later in the day : so I went to bed only to be woken at 3.30 a.m. by the telephone—why does this machine always seem to make such a fiendish noise in the middle of the night ?

" Hello," I say still half-asleep.

" It's Mr. Parker here, doctor "—he's a horse-keeper at Manor Farm and is up at work at 5.30 every morning—" Nurse says she's got to go to another case but my wife is half dilated and she'll be some hours yet so can you lend a gas machine ? I'll come and get it on my bike if you can."

" No," I say. " I'm afraid I can't lend one." I haven't got one for I am about to buy a Trilene apparatus which I'm assured is more effective and anyway how could the poor fellow bike 4 miles here and 4 miles back in the thick fog with a heavy Minnitt machine. " I think I'd better come—yes, I'll come in a little time."

" Thank you, doctor," says Mr. Parker, making no effort to conceal his profound relief.

Feeling a little annoyed at the prospect of sitting and waiting for the rest of the night for full dilatation to occur, I switch on my electric kettle beside my bed to make a hot drink. My wife has almost an obsessional neurosis about preparing the necessary things every evening : and then I relax and try to get warm again but my wife urges me on—how often has she prevented me from falling asleep again after a night call. " The sooner you go the sooner you'll be back," she says, trying to inspire me with some enthusiasm.

At last, hot drink inside, well muffled up above and with an extra thickness of coat all round (an old military inner lining pinched from my brother) I set forth for Manor Cottages.

I drive slowly for the fog is thick, visibility being 20 yards and twice I get out to wipe the windscreen. Upon arrival I find no one downstairs, only the dim light of an oil lamp and a warm fire. At the foot of the stairs I call, " Are you there ? " and at once Mr. Parker appears from the bedroom and says, " Yes, hurry doctor—it's nearly here." In a moment I'm up the narrow stairs and in the room lit by a paraffin lamp, and I find a good woman whom I have never seen in my life before, and who I subsequently learn to be Mrs. Dennis, bending over Mrs. Parker. " Quick, doctor," says the patient, " it's nearly here, I'm trying to hold it back but I can't."

" Alright, don't you worry," I say, rummaging in my bag for my gloves, antiseptic cream and ergometrine—I always fill my syringe with this straight away, for experience has taught me it is wise. Then, with no time to don mask or gown or to make any other preparations, for delivery seems imminent, I put on my gloves just in time to cope with the next pain. But the babe is not born yet and, as the mother relaxes, I remember that, of course, the nurse is not here and nothing whatever is ready, for she has taken all her tackle to her other case, whither she had been urgently called, and I've nothing to tie and cut the cord with, so I ask Mrs. Dennis (who says she's very sorry she has no idea what she ought to do, she's never seen a baby born in all her life, and really she was only staying near by for a short holiday from Walthamstow) to get Mr. Parker to boil a foot of string in an inch of water in a saucepan, and bring it as soon as he can. But the next pain is upon me, so, rapidly covering my gloves with antiseptic cream, I deliver the head and feel the perineum tear—as (for comforts sake I tell myself) it had done with Mrs. Parker's two previous babies—while Mrs. Dennis, back from her errand, holds a leg with marvellous steadiness and presence of mind. With the next pain the anterior shoulder is born and then the babe. It is very blue and doesn't cry so I call for swabs, which of course aren't ready, so Mrs. Dennis hands an enormous piece of cotton-wool, which I frantically break up to clear the air passages. At last a cry, and I breathe a sigh of relief. Suddenly, I remember that I have after all got some

thread already sterilized in my bag, so I dive in and pull it out. The babe still looks uncommonly blue when the cord is tied and cut and, while I go through all the measures to produce pinkness in blue babies, I reflect what bad luck it would be if this really turned out to be a case of Fallot's Tetralogy, for Mrs. Parker lost her first baby and the second has classical Cœliac Disease with frequent prolapse of the rectum which I have many times reduced.

But suddenly Mrs. Parker says, "Something's running from me, doctor," and she's right. I see a steady but ominous trickle going into the bed, so, handing the infant to Mrs. Dennis, I massage the uterus through an excessively fat abdominal wall, and in due time out comes the placenta, but the trickle becomes a frightening flow. In goes my ergometrine at once, and while waiting anxiously for the result I recall that my last case had a P.P.H. which needed two injections of ergometrine and one of pitocin before the bleeding ceased, by which time 3 pints or more had been lost, the eyes were rolling, the pulse imperceptible, and I was obliged, with my heart in my mouth, to drive with mother and infant in the ambulance 11 miles to the hospital for transfusion. And then I remembered how foggy it was outside and how difficult it would be for the ambulance, so I gave pitocin at once and all was well.

Mrs. Dennis, warming to her task, and remarking how well she feels in spite of being up all night, helps me to clean up and prepare for suturing the perineum, while Mr. Parker boils my instruments in a saucepan downstairs, and goes to my car to fetch my torch, for the paraffin lamp is quite inadequate. The suturing goes according to plan with hardly a murmur from the mother, and we set to work to bath the baby, put a clean nightdress on Mrs. Parker, make her generally comfortable and give her a cup of tea.

Delighted with her unexpected experience, Mrs. Dennis says what a tale she can tell when she gets home, while Mrs. Parker seems pleased, and says the babe is to be called Prudence. Downstairs again, Mr. Parker thanks me for my efforts, and we feel a sense of comradeship, for he works 12 hours a day, from 5.30 in the morning till 5 at night, looking after his horses, and the idea of an 8-hour day and 5-day week doesn't seem to occur to him at all.

As I drive slowly home (the fog hasn't abated one little bit) I reflect that I really must stir myself out of my complacency and get my trilene apparatus (mind the grass verge) and my partner and I must renew the intravenous drip apparatus (that's a sharper corner than I thought) which we keep in our dispensary and hasn't been used for two years, and how odd it is that (careful) one gets so used to these night sorties and even more odd that the next day one's temper is hardly put out at all.

Guy's Diary

DECEMBER—JANUARY

ACADEMIC

Dec. Exhibition. "Gall Stones." Surgical Dept.

20th. 12.00. Mr. A. Bulleid. Dental Clinical Lecture. "Infection and the Systemic Sequelæ of Multiple Extraction of Teeth." Dental Theatre.
1.00. Mr. Kilpatrick. Clinical Lecture. "New Growths of the Kidney and Ureter."
3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.

21st. 12.00. Sir Charles Symonds. Neurological Demonstration. Preclinical Classroom.

25th. **On which day we wish you a Happy Christmas.**

28th. 12.00. Mr. R. E. Rix. Dental Clinical Lecture. "The Monobloc." Dental Theatre.

30th. 1.00. Sir Heneage Ogilvie. Clinical Lecture.

Jan.

3rd. 1.00. Dr. Crisp. "Fibrositis." Clinical Lecture.
3.30. Dr. Barber and Dr. Forman. Demonstration of Skin Diseases. Preclinical Classroom.
5.00. Dr. P. Polani. Postgraduate Lecture. "The Adrenal in Childhood." Preclinical Classroom.

OTHER ENGAGEMENTS

Dec.

23rd. 2.30. Salomon's Centre Party.
6—8. Carol Singing in Wards.

24th. 2.30. Landon Tea Party.
11.35. Midnight Service in Guy's Chapel and Melior Street Roman Catholic Church.

25th. Rugby XV. *v.* Old Millhillians. (Away).

29th. 8.30. Nurses' Dance.

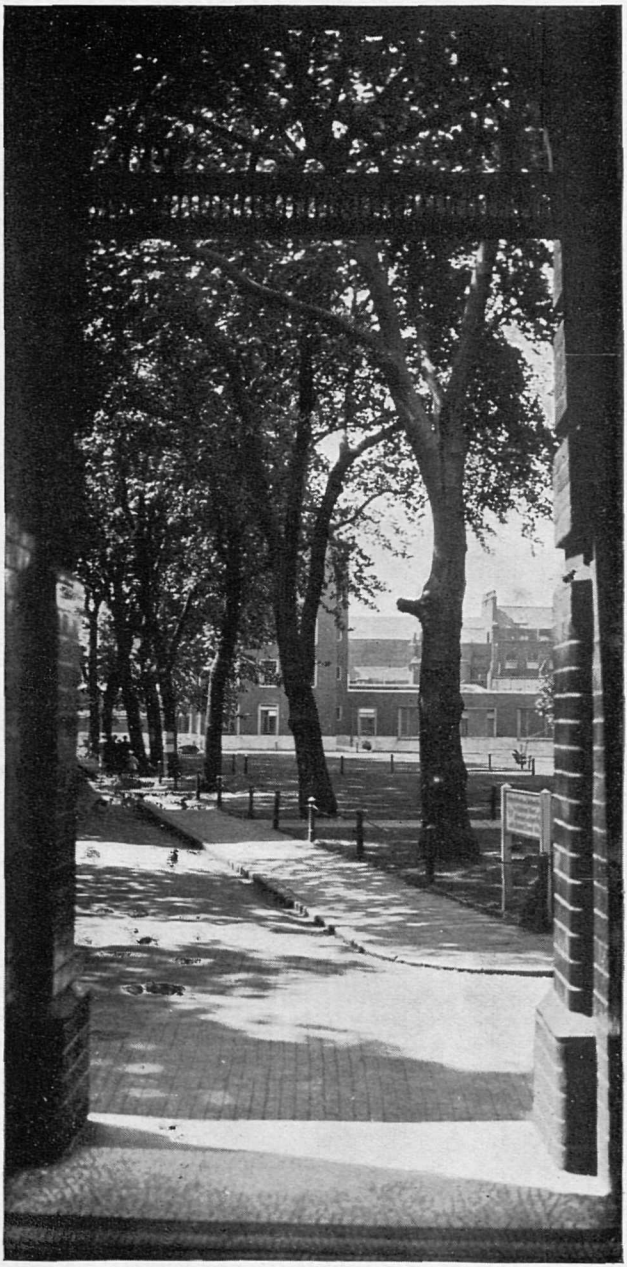
Jan., 1949.

1st. Rugby XV. *v.* O.M.T.s. (Croxley Green).
Hockey 1st XI. *v.* Bank of England. (H.O.P.).
Hockey 2nd XI. *v.* Bank of England (Away).
Hockey 3rd XI. *v.* Bank of England (Motspur Park).

3rd. 7.30. Resident Maids' Party and Entertainment.

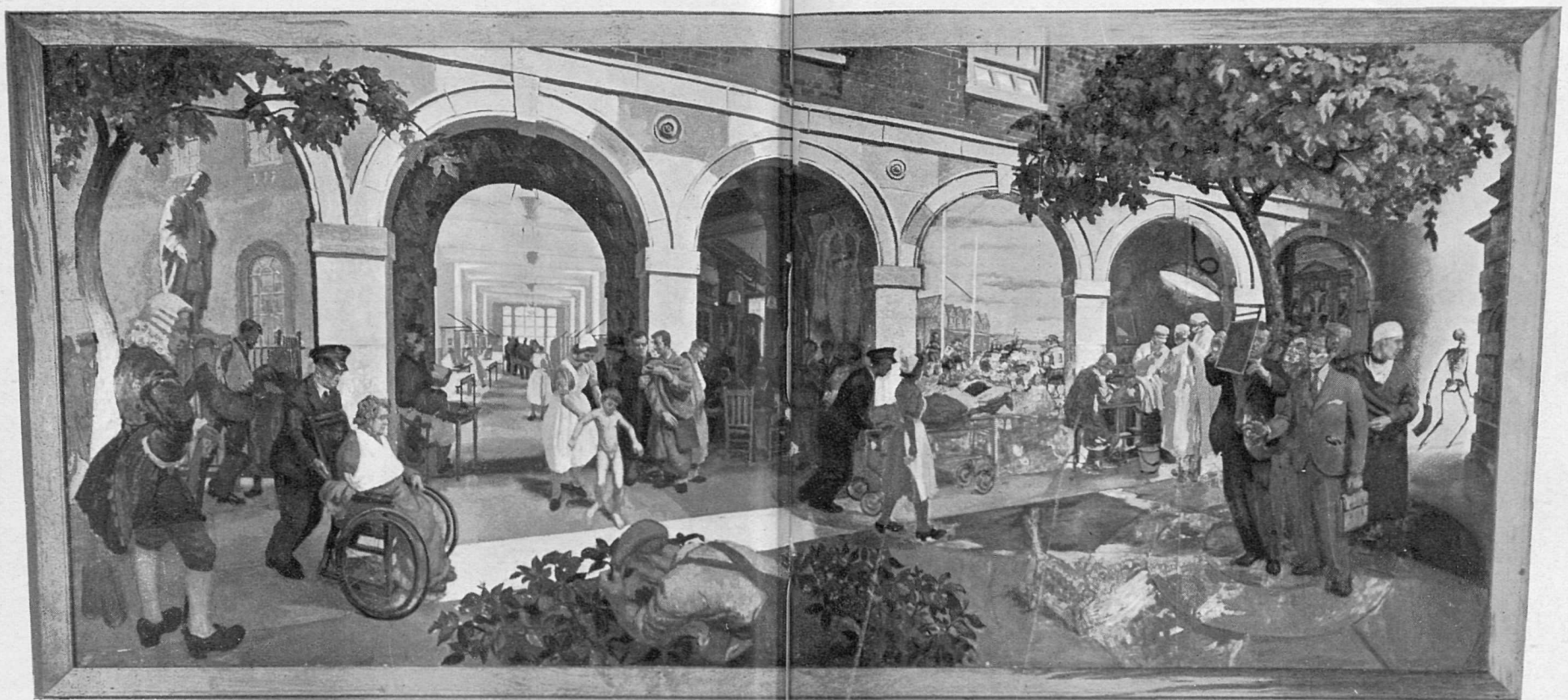
6th. 8.00. York Clinic Party.

7th. 3.00. Daily Workers' Party.

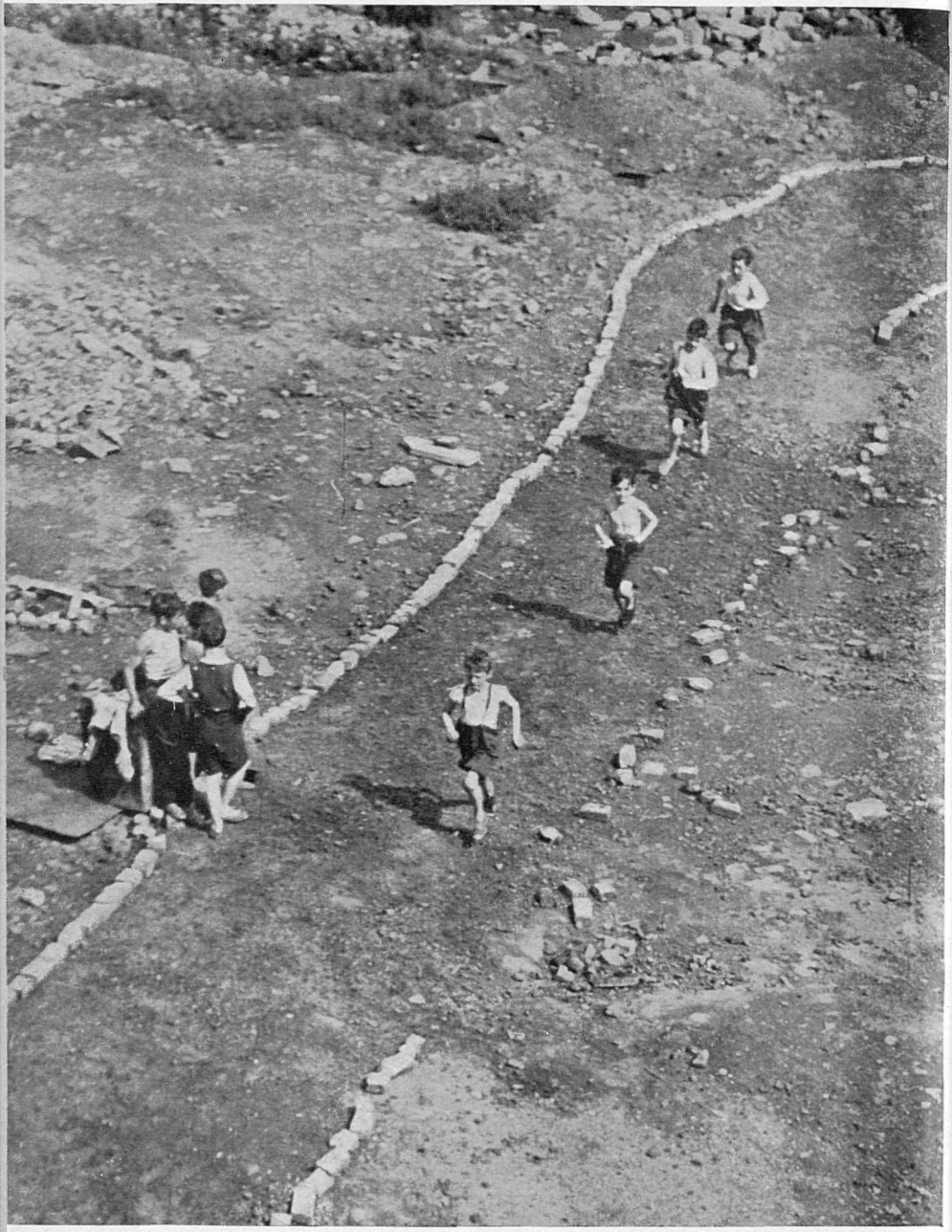


"THE PARK 1948"
By G. D. Channell

GUY'S HOSPITAL GAZETTE



G. EARLE WICKHAM was commissioned to paint the picture reproduced above, by the Students' Club. It now hangs in the Smoking Room in the College, which room it is hoped, will be ready for use early in the New Year. Wickham, the brother of a nurse who trained at Guy's, spent many hours in the Hospital absorbing atmosphere and sketching detail. We would like to congratulate the authorities on their initiative, and the artist on the theme and manner of execution of this memorable painting.



"BORO' OLYMPICS, 1948"

The Steele Diaries—II.

NURSES

15*th October*, 1856.

I have to report that the Sister of Dorcas Ward has had notice given her to leave the Hospital at the end of the present quarter, in consequence of repeated acts of insubordination to the Matron.

I have also to report that Silk the Museum Keeper has had notice given him to leave at the end of a month from 14th October on account of repeated acts of intemperance.

4*th March*, 1857.

In consequence of several irregularities which have taken place in the Nurses' Dormitory of New Building, I beg to recommend that in future the door of Dormitory should be kept locked, and that the accompanying regulations should be acted on.

29*th April*, 1857.

As it is of importance to separate as much as possible, the nursing of the patients from the cleaning of the wards, it is worthy of consideration whether the division of work among the officials of the New Building could not be placed on a better footing. The rule at present is that each day nurse should have the charge of 12 patients, and that she should also attend to the scrubbing of her division. It is suggested that the business of the ward might be more efficiently conducted by giving each nurse the charge of 24 patients, and by entrusting the cleaning work, either to the regular staff of helpers or to a subordinate class to be engaged for the purpose.

6*th May*, 1857.

The diminishing the number of nurses as recommended in last Report has been carried out in Mary and Philip Wards, and will be extended to Stephen as soon as opportunity offers. It is proposed for the present to engage two occasional helpers to scrub and otherwise attend to the cleaning of the wards, and it is expected that by the addition of 2 persons to the permanent staff of helpers, the cleaning work will be efficiently performed.

5*th August*, 1857.

The condition of the Nursing Department having excited of late much interest, it may be advantageous to review the existing arrangements with the view of ascertaining whether or not these can be improved. The fact of the nurses not being boarded in the Hospital must necessarily lead to suspicions of irregularity not known in similar establishments where the reverse is the practice. Our present system has however been at work so long and has apparently answered its purpose so well, that it is not without considerable hesitation that I recommend a material change in favour of boarding the nurses.

To appreciate this matter aright, I give below a statement of the number of women engaged in the Hospital, with and without board, with details of their wages and nature of their separate avocations.

Women employed and not boarded.			£
Sisters	18	at £50 each per annum	900
Day Nurses	24	at £30 ,, ,, ,,	720
Night Nurses	23	at £26 ,, ,, ,,	598
	65		£2,218
Each person is entitled to 1 pint of Porter daily which may be calculated at £2 per annum each			130
			£2,348

Women employed and boarded.				
Helpers or Cleaners,	12	at £12 p.a. each	£144	0 0
Lunatic House,	4.	1 at £40, 3 at £15 12 0	86	16 0
Laundry,	9.	1 at £25, 8 at £17	161	0 0
			£391	16 0

On examination of and comparison with the rate of pay to nurses in the other large Metropolitan Hospitals, the above shows a lower average amount than the others, with the single exception of St. Thomas' Hospital, the arrangements of which are very similar to our own. Some of the former board their nurses entirely, others pay board wages in addition to a quarterly salary, while several issue partial rations such as bread and meat, and allow for the remaining board by the payment of board wages monthly in addition to a quarterly salary. It is evident, however, that of these separate arrangements, the one best adapted for the requirements of the Hospital is that by which each nurse is supplied with an ample board, independent of her regular remuneration. It is only by this means that we can obtain security against the nurses using some portion of the Hospital allowance, and that the women themselves are amply fed and cared for. By the existing arrangements, it is necessary that the nurses should pass out of the Hospital daily, at what is considered the most convenient hour, for the purchasing of provisions, and any attempt to confine them constantly in the Hospital in a new arrangement, might be considered an interference with their accustomed liberties. It would be well therefore in the event of any new plan being adopted, to allow leave of absence once a week (for an afternoon) or oftener if thought desirable for purposes of health and recreation.

Provided that the system of boarding is favourably considered, I would suggest that the rate of wages should be, for Day Nurses, £14 per annum : to be increased £1 annually till it reaches £18. The Night Nurses might receive £12 annually, without increase, as from this class we usually select Day Nurses, and it is only from inability that a Night Nurse fails to be promoted.

As regards the board, it appears to me that the simplest and best plan to adopt would be to issue to each person the ordinary full diet of the Hospital, cooked or uncooked as desired. The daily average cost of each full diet amounts as nearly as possible to 7¾d., viz. :

Meat, 3d. Bread, 1½d. Porter, 1½d. Potatoes, ¾d. Butter, 1d. Total 7¾d.

In addition to this, I would be disposed to add ½ lb. of cheese weekly, and ½ a pint of milk daily, which would increase the expense to about 9 pence per day. It might reasonably be supposed that the meals could be more comfortably taken at a general Table, but independent of the want of accommodation and organization for this purpose, its adoption would be attended with much inconvenience as the duties and exigencies of the wards require a continuous supervision.

In connection with an alteration of the above nature, the subject of clothing the nurses is well worthy of consideration. Their employment of one uniform and appropriate costume could not fail to be attended with a humanising influence on the inmates. I am informed that dresses and caps of a substantial and suitable kind could be obtained for about 15*s*. If this suggestion was thought worthy of adoption, it would be found advisable to furnish each day nurse with a couple of dresses and four caps annually and each night nurse with one dress and two caps annually. The supply of these articles it is calculated would cost about £50 per annum.

9th December, 1857.

I have again to report irregularities in connexion with the nurses' Dormitory of New Building. On Sunday last the nurse of Stephen Ward discovered that her Drawers were broken open and that some valuable wearing apparel had been stolen from them. To obviate the possibility of any strangers entering the dormitory it would be advisable to furnish each nurse with a latch key and to make the door close of its own accord. The plan formerly proposed of locking the door from the outside has not been found to work well.

3rd February, 1859.

Delinquencies among the nurses have been unusually numerous during the week. It has been necessary in Stephen Ward to dismiss 3 out of 4 women employed in the ward, and last night the nurse of Petersham Ward was completely incapacitated for work on account of drink.

Correspondence

Manners

SIR,—May I, through the medium of the *Gazette*, voice a protest against a practice in the Medical School that is, unfortunately, becoming all too frequent of late?

On those days of the week on which a Clinical Lecture is held in the Anatomy Theatre between 1 and 2 p.m., a certain number of preclinical students seem to enjoy congregating outside that Theatre (at approximately 1.45 p.m.) and making as much noise as they can.

Not only does this make the lecture inside the Theatre almost inaudible, but more important still, does it not show a singular lack of respect for the lecturer, who, consequently, has to attempt to make himself heard above the clamour outside?

I hope that those responsible for this obvious dearth of good manners will experience, maybe, a little remorse, and, in future, either moderate their jocularity when in the confines of the Anatomy Theatre between 1 and 2 p.m., or keep away from it altogether.

Yours, etc.,

B. I. COPELAND.

Guy's Hospital, S.E.1.

The Physical Society

SIR,—The Pupils' Physical Society of this hospital is conspicuous by its absence.

On looking up the history of this ancient Society, one is struck by its fine clinical tradition, and the number of great men that has been associated with its activities.

Astley Cooper, Jenner, Wilks and John Hunter, to name but a few, have lectured before its members, and in those days membership was no mean honour.

The contrast with the present is striking, when there does not appear to be the enthusiasm in Guy's for a single meeting to have been held this term. Last year there were some very successful meetings, including a combined evening with St. Thomas' Hospital Medical Society.

May we soon see the resuscitation of this, one of the most venerable societies in London.

I am, etc.,

B. H. BASS.

Guy's Hospital, S.E.1.

Guinea Pigs

SIR,—I should like to acknowledge my debt of gratitude to those 19 medical students who have acted as subjects in an investigation involving test meals. They have made 220 attendances without once failing to keep an appointment although this has involved attending on holidays and at early hours.

I feel that this co-operation, without which the investigation would have been impossible, is good evidence of the spirit of the present day medical students at Guy's.

Yours, etc.,

J. N. HUNT.

Physiological Laboratory,
Guy's Hospital, S.E.1.

Hypnosis

SIR,—Few practising psychiatrists to-day would agree with your (or was it Mr. Bragg's?) statement in Passim that hypnotism could not be employed usefully as a therapeutic measure. It is, in fact, frequently and very usefully employed in this hospital, namely, in the York Clinic. We have found the method of hypnosis to be of definite value in the elucidation of the psychodynamics of certain neuroses, particularly hysteria. Narcoanalysis, *i.e.* psychotherapy with the patient in a drowsy state following intravenous injection of a narcotic drug, seems to have been accepted by the medical profession as a scientific method of psychiatric investigation and treatment. But when the same procedure is performed using hypnosis in place of narcosis it is looked upon with suspicion and thoughts of charlatanism. However it is a fact that

though hypnosis may fail, it often gives similar and not infrequently better results than narcoanalysis. Furthermore, the surgical procedure of intravenous drug injection is avoided.

The antagonism against the therapeutic use of hypnotism is possibly based on its peculiar history. Employed by Mesmer as a form of public entertainment in 1780, it was universally rejected by the medical world until Charcot, the leading neurologist of his day, in 1860 used it extensively in the treatment of hysteria. Freud, following Charcot and Janet, used hypnosis as his chief method of treatment until he conceived his new theories of psychoanalysis. After this hypnosis again faded out as the analytical schools came in. But in the 1914–18 War considerable emphasis was again laid upon this form of treatment. Sir Arthur Hurst at the Seale Hayne Military Hospital in 1918 found it an extremely useful method in the removal of hysterical paralyses, blindness, amnesia and the like. However, so often did these patients have a return of hysterical symptoms (or their replacement by anxiety states) at a later date, that the method fell into disrepute again after the war.

It was not until the 1939–45 War that hypnotism really came into its own once more. It was found that hypnosis could be used not merely to *remove* neurotic symptoms, but also to find out the *cause* of these symptoms. By orthodox analytical methods this investigation could take months—even years. This new method became known as hypnoanalysis, and it is this development that has again brought hypnotism to the fore in recent years. I saw many soldiers valuably helped by this method in a psychiatric unit in the 1944 N.W. European Campaign, where it was extensively used.

Unfortunately hypnotism is once again a star turn on the music halls, and again the profession is becoming suspicious of the method as a therapeutic procedure. In the less colourful atmosphere of the York Clinic, however, hypnotism is still proving a valuable form of treatment.

Your statement that Dr. Gillespie could not recommend the method as a useful addition to the recognised modes of treatment is not entirely correct. Dr. Gillespie's opinion was that there was a definite, though limited, place for hypnosis in psychiatry. I saw him employ it, for example, in a case of nocturnal enuresis, and incidently with remarkable success. Like many psychiatrists he was impressed by the new methods used in the late war, and I believe used it more frequently during his R.A.F. service.

There is little doubt to-day that hypnosis is a valuable measure in the treatment of a certain number of psychiatric cases. It seems, therefore, wisest to view hypnotherapy with an open mind, unprejudiced by the emotional response it may so easily stimulate.

Yours, etc.,

S. H. BOCKNER.

Department of Psychological Medicine,
Guy's Hospital.

Recreation

RUGBY FOOTBALL

GUY'S *v.* CAMBRIDGE UNIVERSITY

at Cambridge. Lost 14—8.
Wednesday, 17th November.

Cambridge University defeated Guy's Hospital by a goal, a drop goal and two tries to a goal and a penalty goal at Cambridge in a match that fell far below expectations.

For the most part the Varsity dominated the line-outs and scrums, but behind, Glyn Davies, Kimberley and Smith failed to make any impression. Their passes went astray and they lacked penetration.

Guy's were below form. Harry Brunow at fly-half was so well marked that most of his attacking moves were quickly nullified.

The Hospital were pressed back on their own line directly after the start, and when Brunow miscleared Holmes fielded the ball and scored a good drop goal from 35 yards. After he converted a try by Gloag, David Le Clus, the Hospital full-back, landed a penalty goal from forty yards to make the score 8—3 at the interval.

Two quick Cambridge tries early in the second half decided the match. Gloag sprinted in after the ball had passed from scrum to wing and then Norbriga broke cleanly away from a line-out to touch down.

In the final 15 minutes Guy's had the better of the play, but only once did they manage to get past the solid Varsity backs. Frank Le Clus intercepted a pass, sprinted 60 yards, dummying past the full-back, for Heber to score the try. David Le Clus added the extra points.

GUY'S *v.* ROSSLYN PARK

at H.O.P. Lost 3—8.
Saturday, 20th November.

Beaten in the scrums and line-outs for the greater part of the game, we suffered our second defeat within four days when Rosslyn Park scored a goal and a try to a penalty goal.

The visitors brought a lively set of forwards; Penna hooked cleanly and quickly whilst Woodhall, Crouch and Brown played excellently as the back row of the scrum.

Behind their pack, however, Rosslyn Park's supremacy ended. Their outside half and inside three-quarter were too often caught with the ball by Guy's wing forwards, Eksteen and Rademan, to be of any great danger.

Guy's looked sluggish and slow in the first half, and Rosslyn Park scored all their points in this period. D. Le Clus failed to make a clearance and Crouch ran the ball in for a try, Runty adding the goal points.

Guy's heeled from a tight scrum close to their line but Woodhall quickly went round the scrum to dribble the ball over for an unconverted try.

In the final twenty minutes of the match Guy's were attacking nearly all the time. David Le Clus landed a fine penalty goal from a narrow angle to put the Hospital within reach of the Park's score, but in spite of his own efforts in attack (three times he joined three-quarter moves and twice he nearly scored) Guy's were thwarted in their victory bid.

HOCKEY

2nd ROUND LONDON UNIVERSITY INTER-COLLEGIATE CUP

GUY'S *v.* QUEEN MARY COLLEGE

at H.O.P. Won 9—0.
Wednesday, December 1st.

The visitors were no match for the Hospital who fielded a fairly strong side. Guy's had the ball for most of the first half. The forwards soon broke through the College defence and two goals came inside ten minutes—C. Opie running through to score each time. There followed some mid-field play, but it was not long before the College were again hard pressed. C. Opie then took a good pass from R. Hodson (outside-right) and converted from the edge of the circle. The College forwards rallied and their outside-right narrowly missed from an acute angle. A miss by the left full-back gave Guy's another goal, when C. Opie quickly ran through to score again with a hard shot. D. Blake added the fifth from a short corner.

After the interval, the visitors made determined attempts to break through the Hospital defence and came as far as forcing three corners. Keen tackling and quick clearances, however, blunted the attack and, thereafter, Guy's had most of the play. Their forwards showed more dash in the circle and, although there were some misses, four more goals were added in the last twenty minutes, one each by C. Opie, D. Blake, L. Emery and R. Hodson. This was Opie's fifth—a praiseworthy contribution.

Team: F. Walker; H. Coster, W. Parker; C. Robinson, E. Murray (Captain), L. Mackey; D. V. Duckworth, D. Blake, L. Emery, C. Opie, R. Hodson.

GUY'S *v.* SITTINGBOURNE

at Sittingbourne. Won 6—0.
Saturday, December 4th.

Mild weather and a grand pitch contributed to an enjoyable game at Sittingbourne. Although the Hospital were undoubtedly the better side, they had good practice in forward tactics and attacking play by halves and backs. There is something to be said for a defence which, in a game, concedes one corner and permits the opposing forwards only two shots at goal within the circle.

The Hospital forwards got away well from the start. They pressed hard and, after a few tussles in the home "25," were rewarded when D. Blake forced his way through to score from close in. A second goal followed within a few minutes when D. Duckworth, taking a pass from the inside, netted from the top of the circle. Sittingbourne rallied only to be repeatedly driven back into their half. Then, some good "feeding" by the Guy's half-back line gave D. Blake the chance to dribble through and score with a fine reverse shot from within a yard of the base-line.

The second half saw Guy's pressing almost all the time. The defence had now established their supremacy in mid-field and it was left only to the forwards to finish the work. A good pass from D. Thomas (outside-right) reached the centre, a pass found D. Blake unmarked and he drove the ball into the corner of the goal. R. Hodson, who played well at inside-right, was soon to follow suit with his favourite shot, hit late and obliquely into the corner of the net. C. Opie added the sixth when, shortly before full-time, he dribbled between two defenders to score.

Team: F. Walker; D. McGill, W. Parker; C. Robinson, E. Murray (Captain), L. Mackey; D. V. Duckworth, D. Blake, C. Opie, R. Hodson, D. Thomas.

THE MUSIC CLUB

It is difficult to say who derived the greater pleasure from the concert given by the Hospital Music Club on December 1st, the large audience which attended or the members of the Club themselves, for whom this performance represented the crowning achievement after many hours of cultural relaxation at rehearsals. That both derived great pleasure is undoubted.

For the purposes of this performance the Club was assisted by a number of visiting artists and the whole was under the able direction of Mr. Noel Nickson, who has previously conducted the Club's concerts. The two visiting soloists were Miss June Wilson, who was giving her services to the Club for the second time, and Miss Elizabeth Humphreys. The orchestra, also with one exception, came from outside the Hospital.

The main work of the evening was the concert version of Purcell's opera, "Dido and Aenias," to which a suitable introduction was provided by two works for the Orchestra. The spirit with which the first of these—Mozart's "Eine Kleine Nachtmusik"—was performed gave promise, later fulfilled, of the liveliness and vigour of the whole evening's performance. The Mozart was followed by the first movement of Bach's piano concerto in D Minor in which Anthony Salmon played the solo part. For this purpose and later for the continuo in the opera he was playing upon an excellent piano newly acquired by the Music Club. This was the first public appearance of the piano which has been provided by generous grants from the Clubs' Union and the *Gazette* Fund. Anthony Salmon's performance in both the difficult Bach solo part and the exacting and important continuo part was, as usual, sound and well-balanced.

The rest of the programme was devoted to "Dido and Aeneas" in which the Music Club Chorus with its splendid singing played an important part. "Splendid singing" is no exaggeration, for on this occasion the Chorus excelled itself, there being little doubt that this was their best performance so far. The Club are to be congratulated on their choice of this work; it combines ideally the virtues of being good music, being easily enjoyable, being comfortably within the resources of the performers and of not being too familiar from over-frequent performance. The range of emotion it covers is wide, from the opening orchestral introduction which so beautifully portrays the sorrows of Dido and her court, through the diabolical delight of the witches exulting over their plots against Dido and Aeneas, the lusty comedy of the departing sailors and back once again to the tragedy of the parting of Dido and Aeneas and the elegiac conclusion after Dido's suicide.

In a work of such complexity and with a performance of such all-round high quality it is difficult to select anything for special mention. The outstanding quality of Miss June Wilson's singing in the part of Dido and also as the Sorceress, however, cannot pass without comment; here was the rock upon which the whole performance was so soundly based. Miss Elizabeth Humphreys sang the colourful part of Belinda, a Lady-in-Waiting with easy accomplishment and praiseworthy clarity. John Soothill sang the rather unspectacular but

difficult part of Aeneas with all the firmness, dignity and skill it required. Miss Audrey Law and Miss Shirley Beck as two ladies of the Court, and also as two witches, were well matched and sang delightfully. Edward Soothill in a delightful short solo as a sailor encouraging his fellows to "take a boozy short leave" before their departure from Carthage maintained the same high standard. Of all the soloists and the chorus it must be said that their articulation was particularly clear—scarcely a word was missed even at the back of the theatre—an essential quality which is all too often lacking in performances of vocal music.

The inescapable conclusion is that the evening was a complete success. Perhaps more important than the enjoyment of the audience was the enjoyment of the performers in the act of making their own music. That throughout they made it so well and the whole performance was so carefully integrated was due chiefly to the great amount of work and care devoted to its preparation by Mr. Noel Nickson. It was most fitting that his invaluable services, so generously given, were recognised in the presentation to him, during the interval, of a finely bound copy of the miniature scores of Bach's Brandenberg Concertoes.

D.C.D.

THE DEBATING SOCIETY

After a long lapse the Debating Society held a most successful evening on Monday, December 6th, in the Spit, with Professor Whillis in the Chair. The motion was, "That this house is of the opinion that a classical education is to be preferred to a scientific one as a preparation for a medical career." Some 19 members spoke.

Dr. de Navasquez, proposing, spoke with his usual vigour and verve, and after taking us back in the history of man for some 2,000 years, stated that in his opinion a sick man of to-day needed the same sympathetic approach and understanding as he did 50 years ago, when the physicians had none of the scientific jargon or pseudo-scientific approach that seemed the trend to-day.

Mr. P. A. Zorab, opposing, pointed out that the "discipline of science" taught a prospective medical student how to learn, and he questioned whether the student with the classical education finding himself confronted with the intricacies of science had the time to adjust himself to changed conditions.

Mr. E. Hertz seconding the motion, stated that 4,000 years had given us what had been learnt and that in his opinion science as it stands to-day was incomplete and an unsatisfactory answer.

We were glad to have Dr. F. H. Brain's valuable opinion on the "scientific" aspect of education, and to learn that in his opinion the man quick in learning would find no handicap in tackling scientific subjects for the first time on entry to a medical school. In his experience many of these had been more successful than those who had previously obtained distinctions and credits in scientific subjects. Any education which taught a man how to learn and search out facts for himself was an ideal preparation for a medical degree.

The question was then thrown open to the House and we had many views on modern methods of education from various members present.

When put to the vote the motion was carried by 19 to 7, some 10 members abstaining. We were glad to welcome a few members from the Physiotherapy and other departments of the Hospital and hope that many more will come to future meetings.

It is hoped to hold the next meeting of the Society early in the New Year.

R. M. SALDANHA, *Hon. Secretary.*

Hospital Information, etc.

PASS LIST

UNIVERSITY OF LONDON

Postgraduate Diploma in Psychological Medicine.
October, 1948.
A. J. P. Oldham, M.B., B.S.
D. Stafford-Clark, M.D.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Fellowship in Dental Surgery.
October, 1948.
M. Frost.

SOCIETY OF APOTHECARIES OF LONDON

FINAL EXAMINATION.
November, 1948.
Surgery: C. D. Bulstrode, A. R. Davis, *M. G. Kaye.
Midwifery: *J. R. Deacon.
* Have completed the examination.

CONJOINT BOARD

D.M.R.D.
P. H. K. Gray.

HOCKEY CLUB DINNER

There will be a Hockey Club Dinner in the College (Lower Spit) on Friday, January 21st, 1949. All old and present members are cordially invited. Please apply for tickets by January 14th.

6.30 Sherry. 7.00 Dinner. Tickets 10*s.* each.

APPOINTMENT

Dr. P. N. Cardew has been appointed Head of the Photographic Department, St. Mary's Hospital Medical School.

CHANGE OF ADDRESS

R. A. Allen, M.B., B.S., 5, Old Hill Court, Chislehurst, Kent.

R. Dixon Pett, L.D.S., R.C.S., 111, Lansdowne Place, Hove 2, Sussex. (Tel.: Hove 4646.)

John D. Reinhold, B.M., M.R.C.P., Flat 1, The Wharf, Taplow, Bucks. (Tel.: Maidenhead 302.)

PAPERS BY GUY'S MEN

Dowling, G. B. Chilblains and their treatment. *Practitioner*, 1948, **161**, 465.

Fourman, L. P. R., Witts, L. J., and Others. The investigation and diagnosis of steatorrhœa. *Clin. Sc.*, 1948, **7**, 121.

Goulding, R. Gross Hypertrophy of the Palmaris Longus muscle simulating a tumour of the forearm. *Brit. J. Surg.*, 1948, **36**, 213.

Harvey, Warren. Investigation and Survey of Malocclusion and Ear Symptoms, with Particular Reference to Otitic Barotrauma (Pain in Ears Due to Change in Altitude). *Brit. Dent. J.*, 1948, **85**, 249.

Holman, C. C. Hæmangioma of the Sigmoid Colon. *Brit. J. Surg.*, 1948, **36**, 210.

Matthews, Ernest, and Another. Stress Studies in Acrylic Resins. *Brit. Dent. J.*, 1948, **85**, 245.

BIRTHS

EBBAGE.—On November 29th, 1948, at Highgate, to Margaret (née Cunnison), wife of Geoffrey Ebbage—a son (Ian).

REINHOLD.—On October 15th, 1948, at Cambridge, to Jeune, wife of John Reinhold, B.M., M.R.C.P.—a daughter (Gillian).

Eds. {H.A.R. R. G.

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